**AGENDA**

<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
<th>Agenda item</th>
<th>Lead officer</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>12.00-12.45</td>
<td><strong>PRESENTATION</strong> Home, Place and Housing Portfolio - Mary Taylor, Chief Executive, Scottish Federation of Housing Associations and Amanda Britain, Programme Lead for Place, Home &amp; Housing</td>
<td>Mary Taylor, Chief Executive</td>
<td>BM2016/82</td>
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<td>Amanda Britain, Programme Lead for Place, Home &amp; Housing</td>
<td>BM2016/83</td>
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<td></td>
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<td><strong>Refreshment break 12.45-13.15</strong></td>
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<tr>
<td>2.</td>
<td>13.15</td>
<td><strong>OPENING BUSINESS</strong></td>
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<tr>
<td>2.1</td>
<td>13.15</td>
<td>Welcome</td>
<td>Chairman</td>
<td>BM2016/81</td>
</tr>
<tr>
<td>2.2</td>
<td></td>
<td>Apologies for absence</td>
<td>Chairman</td>
<td></td>
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<tr>
<td>2.3</td>
<td>13.20</td>
<td>Minutes of meeting held on: 24 August 2016</td>
<td>Chairman</td>
<td>BM2016/81</td>
</tr>
<tr>
<td>2.4</td>
<td></td>
<td>Review of action point register: 24 August 2016</td>
<td>Chairman</td>
<td>BM2016/82</td>
</tr>
<tr>
<td>2.5</td>
<td>13.25</td>
<td>Register of interests</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2016/83</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td><strong>CHAIRMAN’S REPORT</strong></td>
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<td>BM2016/84</td>
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<tr>
<td>4.</td>
<td></td>
<td><strong>EXECUTIVE REPORT</strong></td>
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<tr>
<td>4.1</td>
<td>13.40</td>
<td>Executive Report to the Board</td>
<td>Acting Chief Executive</td>
<td>BM2016/85</td>
</tr>
<tr>
<td>4.2</td>
<td>13.55</td>
<td>Financial Performance to 31 October 2016</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2016/86</td>
</tr>
<tr>
<td>4.3</td>
<td>14.05</td>
<td>Risk Management Update</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2016/87</td>
</tr>
<tr>
<td>4.4</td>
<td>14.15</td>
<td>Measuring our Progress Report</td>
<td>Director of Finance and Corporate Services</td>
<td>BM2016/88</td>
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<td></td>
<td><strong>Refreshment Break 14.30 – 14.45</strong></td>
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</table>
5. **STRATEGIC BUSINESS**

5.1 14.45 Update on Development of the Corporate Plan
     Acting Chief Executive  BM2016/89

5.2 15.15 Joint Strategic Inspections
     Interim Director of Quality Assurance  BM2016/90

5.3 15.45 Regulation of Independent Healthcare
     Interim Director of Quality Assurance  BM2016/91

6. **STANDING BUSINESS (BOARD COMMITTEES):** Board will receive minutes of standing committees and a report of key highlights from the Chair of each committee: for information and discussion

6.1 16.00 Audit and Risk Committee: key points from meeting on 2 November 2016 and approved minutes from meeting on 3 August 2016
     Committee Chair  BM2016/92

6.2 Quality Committee: key points from the meeting on 19 October 2016 and approved minutes from the meeting on 21 July 2016
     Committee Chair  BM2016/94

6.3 Staff Governance Committee: key points from the meetings on 30 August and 8 November 2016, and approved minutes from the meetings on 18 May 2016 and 30 August 2016
     Committee Chair  BM2016/96

6.4 Scottish Health Council: key points from the meeting on 6 September 2016 and approved minutes from the meeting on 14 April 2016
     Committee Chair  BM2016/100

6.5 Improvement Hub Committee: key points from the meeting on 29 September 2016 and approved minutes from the meeting on 1 June 2016
     Committee Chair  BM2016/102

7. **ANY OTHER BUSINESS**

8. **DATE OF NEXT MEETING**

8.1 16.15 The next meeting will be held on Wednesday 22 February 2017, at 12.30pm, Delta House, Glasgow
Meeting of the Board of Healthcare Improvement Scotland

Date: 24 August 2016
Time: 12.30–16.00
Venue: Room 6A/B, Delta House, Glasgow

Present
Dr Dame Denise Coia DBE, FRCpsych  Chairman
Dr Bryan Anderson
George Black CBE
Jackie Brock
Paul Edie
Angiolina Foster CBE  Chief Executive/Accountable Officer
Nicola Gallen BA (Hons) CA
John Glennie OBE
Kathleen Preston
Duncan Service
Pam Whittle CBE
Dr Hamish Wilson CBE  Vice Chairman

In Attendance
Ruth Glassborow  Director of Safety and Improvement
Richard Norris  Director, Scottish Health Council (SHC)
Robbie Pearson  Acting Chief Executive
Laura McIver  Chief Pharmacist/Deputy for Executive Clinical Director
Claire Sweeney  Interim Director, Quality Assurance
Dr Sara Twaddle  Director of Evidence
Maggie Waterston  Director of Finance and Corporate Services

Apologies
Dr Zoë M. Dunhill MBE
Dr Brian Robson  Executive Clinical Director

Committee support
Pauline Symaniak  Corporate Governance Officer (minutes)

Declaration of interests
Declaration(s) of interests raised are recorded in the detail of the minute.

Registrable Interests
All Board members and senior staff are required to review regularly and advise of any updates to their registrable interests within one month of the change taking place. The register is available on the Healthcare Improvement Scotland website.
1. **WELCOME AND APOLOGIES FOR ABSENCE**

1.1 **Chairman's welcome and introduction**

The Chairman opened the public meeting of the Board and extended a warm welcome to all in attendance.

The Chairman asked the Board to note that Robbie Pearson had been formally appointed to the Board from 1 August 2016 for the period of his tenure as Acting Chief Executive.

A special welcome was extended to Helen Mcfarlane, the newly appointed Programme Director for Our Voice.

1.2 **Apologies for absence**

Apologies were received as noted above.

1.3 **Minutes of meeting held on 23 June 2016**

The minutes of the public meeting held on 23 June 2016 were accepted as an accurate record.

1.4 **Review of action point register: 23 June 2016**

The Board received for review the action point register from the meeting held on 23 June 2016 and noted the status report against each action and all forward planning actions.

1.5 **Register of Interests**

The Board received the current Register of Interests from the Director of Finance and Corporate Services.

The Board approved the register as presented.

2. **CHAIRMAN’S REPORT**

The Board received a report from the Chairman providing information on recent developments and details of upcoming work. The following key points were highlighted:

- **a)** The meeting with Alex Cole-Hamilton referred to in the report had been postponed and a new date was being sought.

- **b)** Thanks were extended to staff, clinicians and public partners for their input to the visit to HIS by Paul Gray, Chief Executive of NHSScotland. The visit had been very successful and positive feedback had been received from Scottish Government colleagues.

- **c)** The Chairman had attended the NHS Chairs meeting on 22 August and the key area discussed was public service reform. Further detail would be available when the Programme for Government was published in early September.

- **d)** A number of meetings had been held with Scottish Government, Cllr Peter Johnston/COSLA, Midlothian Integration Joint Board (IJB) and Glasgow IJB. Very positive feedback had been received about the work of HIS in the integrated space and IJBs were seeking more engagement.
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<td>e)</td>
<td>The date of the HIS annual review had been confirmed as Monday 28 November 2016 and would be a ministerial review led by Maureen Watt MSP, Minister for Mental Health. Board Members were invited to attend.</td>
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<td>f)</td>
<td>Two visits had been made by non executive Board members to public Board meetings in NHS Grampian and NHS Borders. The visits had been very positive and insightful. The agenda in NHS Grampian had quite closely aligned to the points that HIS was covering at its Board meetings while the meeting in NHS Borders had examined the key issues of staff recruitment and winter planning. Further visits to NHS Lothian and NHS Fife would be held in October.</td>
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The Board noted the Chairman’s Report.

### 3. EXECUTIVE REPORT

#### 3.1 Executive Report

The Board received a report from the Executive Team providing information on headline issues and key operational developments.

The Acting Chief Executive highlighted the following points:

a) The ongoing meetings with IJBs continue to be productive and it was noted that all parts of the organisation were contributing to the integration agenda.

b) A number of senior appointments were in place or anticipated while the outcome of the consultation on the Nursing, Midwifery and Allied Health Professions Director post would be considered by the Executive Remuneration Committee on 29 August 2016. Interviews would be held on 7 October 2016.

c) He had recently attended the Transformational Change Programme Board and advised there was a role for HIS in contributing to the implementation of the four strands of work being overseen by the Transformational Change Programme Board.

In response to questions from the Board, the following additional points were made:

d) In relation to children and young people, work was ongoing to develop a strategy for HIS. The Director of the Scottish Health Council was leading on this and would contact the Board member concerned.

e) Consideration would be given to representation from an NHS Board for the panel considering applications for the post of Chairman of the Scottish Medicines Consortium.

f) The timeline to appoint to the Director of Nursing post had incorporated a process of engagement and consultation as well as defining the post within HIS and positioning it alongside the Medical Director post. An interview panel was now being convened for October.

The Board noted the Executive Report.

Director of Evidence
3.2 Financial Performance to 31 July 2016

The Board received a report from the Director of Finance and Corporate Services setting out the financial performance to 31 July 2016.

The Director of Finance and Corporate Services noted the following key points within the report:

a) Following the Audit and Risk Committee meeting on 3 August, the report had more clearly highlighted the risks associated with achieving financial balance at the year end.

b) Table A in the report demonstrated that there was a year to date variance of £351,000 deficit but taking into account spend against allocations not yet received, the year to date position was a surplus of £186,000.

c) There was good progress against the savings target and a re-forecasting exercise would be undertaken by the Finance to be agreed by the Executive Team towards the end of September. The results of that would be provided to the Board and the Audit and Risk Committee.

d) Table B in the report demonstrated that 90% of allocations had been received and this was a good position for the end of July. There was now £24.5m in the baseline budget. Yet to be received were £1.6m of confirmed allocations and £1m of unconfirmed allocations. Negotiations were ongoing with Scottish Government to progress this.

e) Table C in the report provided a breakdown of spend against allocations. The £27,000 funding for Co-production and Community had been allowed to progress by the Executive Team despite unconfirmed funding as it was considered a low risk. Independent Healthcare funding remained a red risk and was captured in the risk register.

f) Table D in the report demonstrated that £1.1m of internal efficiencies still required to be identified. The rating of risk 533, related to managing resources within a balanced budget, would remain as very high.

g) The Change Management Board had moved its focus for the current year onto “spend to save” initiatives and improving processes.

h) Lean training was ongoing and £379,000 had been released for initiatives that would create time and efficiency savings. These are being monitored by the Change Management Board.

In response to questions from the Board, the following additional points were noted:

i) Regarding risk 533, parameters of the possible figures of budget variance at year end would be prepared for the Board at the next meeting.

j) HEPMA funding was expected to be confirmed by December 2016. The Board Chief Executives had approved plans for electronic prescribing and the funding was for HIS to support learning.

k) There was a minimal risk to delivery of the Mental Health Access programme. Appointments had been made and the allocation confirmed.

l) Our Voice funding was now agreed in principle and written confirmation was awaited. The commission had been submitted to the Cabinet Secretary for approval.
The Board asked that additional information was provided in financial reports to highlight the issues around funding allocation risks. The Director of Finance and Corporate Services would discuss this with the Chair of the Audit and Risk Committee.

The Board noted the financial position and asked that the Change Management Board continued to provide an effective steer in delivering cash savings as well as time and efficiency savings.

### 3.3 Risk Management Update

The Board received a report from the Director of Finance and Corporate Services on the current status of risks and their management as at 11 August 2016. This included all of the risks from the Corporate Risk Register and the one very high risk from the Operational Risk Register.

The Board was asked to review and endorse the risk registers and note that, in response to discussions at the last Board meeting, the risks had been aligned to the agenda items in the cover paper provided. It was agreed that the Director of Finance and Corporate Services would discuss with the Vice Chairman how best to ensure future alignment of risks and Board agendas.

The Board asked that future reports indicate the impact and likelihood scores for each risk to enable improved understanding of the factors that create high and very high risks.

There followed a discussion about several specific risks covering the following key points:

- **a)** Risk 409, independent healthcare – this risk was presented to the Board on the corporate risk register while an additional risk, 529, had been presented to the Audit and Risk Committee on 3 August as a high operational risk. The Committee had asked that regular updates be provided to the Board and the Committee on these risks. It was agreed that the wording of risk 409 would be reviewed to ensure it fully captured the risks associated with the registration of independent clinics and enabled a regular update on the risks to be provided to the Board through presentation of the risk at each Board meeting.

- **b)** The Director of Quality Assurance provided an update to the registration of independent clinics advising that refined information had been received about the scope and further contacts were being made; 104 applications were now being processed; the number of fee notices issued had increased to 8; work was ongoing with regulatory bodies such as the General Medical Council to widen the reach of communications about registration.

- **c)** Risk 455, SMC product assessment – the risk rating had increased due to new competition law requiring a change in SMC processes such that cost per quality data would not be published publicly.

The Board advised that they were content with the report on risk management and that they were assured that controls were appropriate and effective.
3.4 Measuring our Progress Report

The Board received a report from the Director of Finance and Corporate Services who advised that this new performance report that would measure outcomes was still in development. The report presented was transitional but would be refined. The Quality Committee had approved the outcomes framework which would link to the nine Health and Wellbeing Outcomes. The Local Delivery Plan approval letter had been included within the paper for information.

The Board welcomed the new report and noted the importance of demonstrating the organisation’s impact for the general public. However, concern was expressed about the lack of alignment between the LDP letter and the work of the organisation. The Board noted how the organisation’s 3 year corporate plan might change the balance of work to align it with the changing policy environment.

In response to a number of questions, the following points were clarified:
  a) There would be alignment between the development of the HIS report around the 7 Contributions and any work that Scottish Government was undertaking to measure outcomes and identify indicators.
  b) Value for money data would be captured – the health economists in the Evidence Directorate had commenced work in this area.

The Board noted the performance reported and thanked staff for the work delivered to create the new reporting format which would be particularly useful in the complex integrated space.

4. BOARD GOVERNANCE

4.1 Code of Corporate Governance Revision

The Board received a revised Code of Corporate Governance from the Director of Finance and Corporate Services who highlighted the following points:
  a) The changes took account of the 7 Contributions to Transforming Health and Social Care, and changes to Governance Committee terms of reference and member numbers.
  b) The revisions had been reviewed by the Audit and Risk Committee at its meeting on 3 August and they recommended it for approval to the Board pending some additional amendments suggested by the Committee. Those amendments had been made in the version presented to the Board.

It was agreed that the names of the members of the ihub Committee would be removed to ensure the longevity of the document.

The Board approved the revised Code of Corporate Governance subject to the one change.

Director
F&CS
4.2 Board and Governance Committee Schedule of Meeting Dates 2017/18

The Board received from the Director of Finance and Corporate Services a draft schedule of meetings dates for 2017/18 that had been reviewed by Committee Chairs and aligned with appropriate timelines.

The Board approved the schedule of meeting dates for 2017/18.

5. STRATEGIC BUSINESS

5.1 Working Towards a 3 Year Corporate Plan 2017-20

The Director of Finance and Corporate Services referred to the paper issued in advance of the meeting setting out draft proposals and principles for developing a 3 year corporate plan, and highlighted the following points:

a) The proposals took account of the work HIS would deliver under the 7 Contributions to Transforming Health and Social Care and set out a “bottom up” approach to planning.

b) The proposals aligned to the organisation’s strategic engagement, captured the shift towards social care and set out a whole systems approach.

c) The Board Seminar in October 2016 would focus on developing the plan while the Board meeting in November 2016 would receive a draft plan for review. A fully resourced and prioritised plan would be submitted to the Board meeting in February 2017 for approval.

There followed a discussion which focussed on the following main points:

d) There should be consideration of adoption of SMART criteria wherever possible, whilst recognising that not all HIS workstreams could fit into SMART criteria.

e) The principles should include commitments to impact inequalities, early intervention, prevention and sustainability.

f) There was a need to ensure balance with the organisation’s work that had to adhere to a prescriptive approach and to ensure the work was supported in the wider context.

g) The approach should take into account the announced review of national targets to ensure HIS can both influence that and contribute to supporting delivery partners.

The Board welcomed the paper and endorsed the proposals for the development of the 3 year corporate plan.

5.2 Strategic Engagement and Relationship Management

The Acting Chief Executive delivered a short presentation in support of the paper providing an update to strategic engagement and made the following key points:

a) Strategic engagement was a developing piece of work that took into account a much broader set of stakeholders than previously.

b) The 7 Contributions formed the basis for the engagement and a shorter means of describing the organisation’s purpose would be developed.
c) A social media campaign was being planned for the Autumn through to early 2017 to accompany the publication of the Annual Report and would demonstrate the organisation’s key contributions.

d) Public service reform would be underway during this time and there was a need to position HIS within that.

The Board expressed disappointment that the framework was not fully developed as a more comprehensive strategy.

In response to a number of questions from the Board, the following additional points were clarified:

e) The associated visuals would be further developed to reflect equality, diversity and services beyond health care.

f) The framework set out an early foundation for how HIS positions itself and the work it delivers but it was not a detailed strategic plan – that would be developed by the new Associate Director of Strategic Engagement and Relationship Management.

g) Interviews would be held in September and it was hoped to make an appointment to that post on a secondment basis in October. The secondment approach was enabling applications to be made from a broad field within a short time frame.

h) It was agreed that the document would be amended to show more clarity in the role of the Third Sector.

i) It was agreed that the audiences for the document would require consideration and adaptation of the language used.

The Board noted the update paper and approved the Stakeholder Engagement Framework subject to the changes mentioned above.

### 6.3 Quality of Care Reviews

*Jane Byrne joined the meeting.*

The Board received an update from the Interim Director of Quality Assurance on the implementation of the Quality of Care Reviews design report. The following points were highlighted.

a) Two key aspects of implementation were linkages to the work to develop the new National Care Standards and sustainability.

b) Governance arrangements were in place, testing would commence and an external group was being established to help design the approach.

c) Good engagement was continuing with NHS Boards and key expert groups.

d) Testing would commence in the Child and Adolescent Mental Health Service (CAMHS) in NHS Lothian and there would also be desktop testing.

In response to a number of questions from the Board, the following additional points were clarified:

e) Public and Public Partner involvement in the CAMHS testing was provided through a short life working group and an expert reference group while there would be more consideration of how to engage with young people in CAMHS. Children in Scotland would be able to assist with that and contact would be made with them.
f) Connections were being made with the voluntary sector to spread knowledge of Quality of Care Reviews.

g) It was anticipated that the CAMHS pilot would begin at the end of 2016 with desk-based research at the same time across other sectors.

h) The programme team were liaising with the Sharing Intelligence Group and the Board Chief Executives about sustainability.

The Board noted the update report.

### 6. PRESENTATION

**National Care Standards**

*Rami Okasha joined the meeting.*

The Chair welcomed Rami Okasha, Executive Director of Strategy and Improvement for the Care Inspectorate, to the meeting to deliver a joint presentation with the Director of Evidence, providing an update to the development of the new National Care Standards. The presentation covered the following key areas:

- a) The standards had been co-developed by HIS and the Care Inspectorate using human rights based and cross sectoral approaches, and ensuring synergy with Quality of Care Reviews.

- b) Following public consultation, a set of principles was agreed by the Cabinet Secretary on 1 March 2016.

- c) The development group subsequently created a set of standards for application across a broad range of sectors with associated guidance for specific groups.

- d) A Scottish Government consultation exercise would be held from early September that would include engagement events to encourage responses. An implementation group would then be established by Scottish Government with the standards finalised in early 2017.

- e) The new standards would support quality improvement and were more person-centred and outcome focussed.

In response to a number of questions from the Board, the following additional points were made:

- f) A mapping exercise and horizon scanning had been completed at the start of the project to ensure the new standards underpinned the work Scottish Government was doing around indicators and quality outcomes but did not duplicate it.

- g) Safety was not included as one of the principles as this was not supported by the focus groups but wellbeing was included and that should be the outcome of safety.

- h) There would be a change in practice required for inspections as more professional judgement would need to be employed by inspectors who may require a different set of skills and knowledge. The intention was to place inspectors in sectors where they have professional expertise.

- i) It was anticipated that over time patients would experience services that were more person-centred and inspections would focus more on the lived experience of the individual.
j) The implementation group would examine equalities in delivery of standards and there would be roles for HIS and the Care Inspectorate in community empowerment.

k) Timeliness was not included in the new standards and may be highlighted during the consultation.

l) Previous standards retain their relevance but assessment would take into account the lived experience of the service user against that standard.

m) There would be challenges inspecting community care, particularly that delivered in the home, but consistency and design of care plans would help.

The Board noted the update provided and extended thanks to all staff involved for an excellent piece of work.

7. **STANDING BUSINESS (BOARD COMMITTEES)**

7.1 **Audit and Risk Committee**

The key points from the meeting on 3 August 2016 and the approved minute from the meeting on 22 June 2016 were noted. The Chair of the Committee advised that one of the key areas highlighted at the August meeting was risk 533 about managing resources to achieve a balanced budget. The Director of Finance and Corporate Services advised that the re-forecast exercise in autumn would help to mitigate this risk.

7.2 **Quality Committee**

The key points from the meeting on 21 July 2016 and the approved minute from the meeting on 19 May 2016 were noted. The Chair of the Committee highlighted the publication of the Death Certification Review Service Annual Report. It was noted that HIS and NES had roles in securing improvements in the quality of death certificates. The Annual Report would be circulated to the Board.

7.3 **Staff Governance Committee**

The Committee Chair advised that the next meeting would be held on 30 August 2016 and would include a development session to examine Shared Services.

7.4 **Scottish Health Council**

The Committee Chair advised that the next meeting would be held on 6 September 2016. Key areas to address would be Our Voice funding, the Scottish Health Council Review and service change.

7.5 **Improvement Hub Committee**

The Committee Chair advised that the next meeting would be held on 29 September 2016 and that during the second half of the year, the Committee would focus on the work plan for 2017/18 and ensuring alignment with the 3 year corporate plan.
8. **ANY OTHER BUSINESS**

There were no items of any other business.

The Chairman advised that a short survey would be issued to the Board to capture feedback on the agenda items and papers considered at the meeting today.

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9. **DATE OF NEXT MEETING**

9.1 The next meeting would be held on Wednesday 23 November 2016 at 12.30 in the Boardroom, Gyle Square, Edinburgh.
## DRAFT ACTION POINT REGISTER

**Meeting:** Healthcare Improvement Scotland Board Meeting  
**Date:** Wednesday 24 August 2016

<table>
<thead>
<tr>
<th>Minute ref</th>
<th>Heading</th>
<th>Action point</th>
<th>Timeline</th>
<th>Lead officer</th>
<th>Status</th>
</tr>
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<tbody>
<tr>
<td>3.1</td>
<td>Executive Report</td>
<td>Representation from the NHS Boards to be added to the panel considering applications for the post of Chairman of the Scottish Medicines Consortium.</td>
<td>Immediate</td>
<td>Director of Evidence</td>
<td>Complete – not possible to be added</td>
</tr>
<tr>
<td>3.2</td>
<td>Financial Performance to 31 July 2016</td>
<td>In relation to risk 533, parameters of the possible figures of budget variance at year end to be prepared for the next Board meeting.</td>
<td>15 November 2016</td>
<td>Director of Finance and Corporate Services</td>
<td>In progress</td>
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<td></td>
<td></td>
<td>Discuss with the Chair of the Audit and Risk Committee how to include additional information in financial reports to highlight the issues around funding allocation risks.</td>
<td>15 November 2016</td>
<td>Director of Finance and Corporate Services</td>
<td>Complete</td>
</tr>
<tr>
<td>3.3</td>
<td>Risk Management Update</td>
<td>Discuss with the Vice Chairman how best to ensure future alignment of key risks with Board agendas.</td>
<td>12 October 2016</td>
<td>Director of Finance and Corporate Services</td>
<td>In progress</td>
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<td>Future risk reports to indicate the impact and likelihood scores for each risk to enable improved understanding of the factors that create high and very high risks.</td>
<td>15 November 2016</td>
<td>Director of Finance and Corporate Services</td>
<td>Complete – will be added to new reports</td>
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<tr>
<td>Minute ref</td>
<td>Heading</td>
<td>Action point</td>
<td>Timeline</td>
<td>Lead officer</td>
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<td>Risk 409, independent healthcare, to be</td>
<td>reviewed to ensure it fully captures the risks associated with the registration of independent clinics and enables a regular update on the risks to be provided to the Board.</td>
<td>21 September 2016</td>
<td>Interim Director of Quality Assurance</td>
<td>Discussed at Audit and Risk Committee, no change agreed</td>
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<td>4.1</td>
<td>Code of Corporate Governance</td>
<td>Remove the names of the Improvement Hub Committee members.</td>
<td>Immediate</td>
<td>Director of Finance and Corporate Services</td>
<td>Complete</td>
</tr>
<tr>
<td>5.2</td>
<td>Strategic Engagement and Relationship Management</td>
<td>Document to be amended to show more clarity in the role of the Third Sector.</td>
<td>Immediate</td>
<td>Acting Chief Executive</td>
<td>Complete. Being taken forward by the new Associate Director of Strategic Engagement and Relationship Management</td>
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<td>6.3</td>
<td>Quality of Care Reviews</td>
<td>Contact Children in Scotland to assist with engagement of young people in the CAMHS testing.</td>
<td>Immediate</td>
<td>Interim Director of Quality Assurance</td>
<td>In progress – contact has been made with Children in Scotland’s Head of Policy</td>
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<td>7.2</td>
<td>Quality Committee</td>
<td>Circulate to the Board the Death Certification Review Service Annual Report.</td>
<td>Immediate</td>
<td>Committee Secretary</td>
<td>Complete</td>
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SUBJECT: DRAFT Register of Interests

1. Purpose of the report
To present the Register of Interests held at 11 November 2016 for non executive and senior staff members within the organisation.

2. Key Points
Board members have a responsibility to comply with the HIS Code of Conduct (approved at the Board meeting held on 24 June 2014). This requires Board members to review their entries in the Register of Interests and confirm compliance with the Code. The Register of Interests is a standing item on the Board public agenda. Board members and senior staff are asked to note that they have a duty and that it is their responsibility to ensure that any changes in circumstances are notified within one month of them occurring.

3. Actions/Recommendations
Board members and senior staff are required to confirm that their entry in the Register of Interests complies with the Code of Conduct and approve the Register of Interests as attached.

Appendix 1: Register of Interests (as at 11 November 2016)

If you have any questions about this paper please contact Pauline Symaniak, Corporate Governance Officer, p.symaniak@nhs.net, 0131 623 4294 ext 8505
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>n/a</td>
<td>n/a</td>
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### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>Compliance with the HIS Code of Conduct supports delivery of the strategic objectives ensuring that all interests are either registered or declared.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>No additional resource implications.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users, and engagement is therefore not required.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work. Advise how the work:</td>
<td>The Register of Interests does not relate to any policy or work programme that will impact on staff, volunteers or service users.</td>
</tr>
<tr>
<td>• helps the disadvantaged;</td>
<td></td>
</tr>
<tr>
<td>• helps patients;</td>
<td></td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
<td></td>
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### REGISTER OF INTERESTS – BOARD MEMBERS, EXECUTIVE TEAM AND SENIOR STAFF: Financial year 2016/17

<table>
<thead>
<tr>
<th>NAME</th>
<th>CATEGORY</th>
<th>INTEREST</th>
<th>Date interest commenced (if in FY 2016/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHAIRMAN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Denise Coia</td>
<td>1</td>
<td>Board member, Care Inspectorate</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Chair, GMC Quality Scrutiny Group</td>
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<tr>
<td></td>
<td>7</td>
<td>Fellow of the Royal College of Psychiatrists</td>
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<tr>
<td></td>
<td>7</td>
<td>Honorary Fellow of College of Physicians and Surgeons, Glasgow</td>
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<tr>
<td></td>
<td>7</td>
<td>Director, Tannoch Loch Company</td>
<td></td>
</tr>
<tr>
<td><strong>NON-EXECUTIVE BOARD MEMBERS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Bryan Anderson</td>
<td>7</td>
<td>Member, British Medical Association</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member, Royal College of GPs</td>
<td></td>
</tr>
<tr>
<td>George Black</td>
<td>7</td>
<td>Member, Chartered Association of Certified Accountants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member, Chartered Institute of Public Finance Accountancy</td>
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<tr>
<td></td>
<td>2</td>
<td>Trustee, Simon Community Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Member, Commonwealth Games Federation Co-ordination Commission for the 2018 Commonwealth Games</td>
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<tr>
<td></td>
<td>1</td>
<td>Director, George Black Solutions Ltd</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member of the City of Glasgow College Management Board</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Visiting Professor, University of Strathclyde, International Public Policy Institute</td>
<td></td>
</tr>
<tr>
<td>Jackie Brock</td>
<td>1</td>
<td>Chief Executive, Children in Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member, Scottish Food Commission</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Number</td>
<td>Position</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------------</td>
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<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dr Zoë M. Dunhill MBE</td>
<td>1</td>
<td>Sole proprietor own Child Health Consultancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Invited reviewer Royal College of Paediatrics and Child Health</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Professional Advisor CQC England in Paediatrics</td>
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<tr>
<td></td>
<td>7</td>
<td>Honorary Fellow Royal College of Paediatrics and Child Health</td>
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<tr>
<td></td>
<td>7</td>
<td>Fellow of Royal College of Physicians of Edinburgh</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Director Action for Sick Children Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member British Medical Association</td>
<td></td>
</tr>
<tr>
<td>Paul Edie</td>
<td>1</td>
<td>Chair of the Care Inspectorate</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Non Executive Member of the Scottish Social Services Council</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>City of Edinburgh Councillor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member of the Scottish Liberal Democrats</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member of the Institute of Directors</td>
<td></td>
</tr>
<tr>
<td>Nicola Gallen</td>
<td>1</td>
<td>Head of Strategy, Central Government and Defence, British Telecom</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member, Institute of Chartered Accountants of Scotland</td>
<td></td>
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<tr>
<td>John Glennie OBE</td>
<td>1</td>
<td>Non Executive Board Member, NHS24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Treasurer Friends of Borders General Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Consultant Mentor, Celgene Ltd</td>
<td></td>
</tr>
<tr>
<td>Kathleen Preston</td>
<td>1</td>
<td>*Honorary Contract with NHS Blood and Transplant (NHSBT) as a Lay Member</td>
<td>15 June 2016</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>of the Organ Donation Advisory Group (Liver Advisory Group)</td>
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<tr>
<td></td>
<td>7</td>
<td>Member of the Law Society of Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Member (Professional Associate) of the Health and Social Care Alliance</td>
<td></td>
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Notes:
*Remuneration relates only to payment of expenses
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Duncan Service</td>
<td>Evidence Manager, SIGN, Director and Company Secretary, SHU East District</td>
<td>September 2016</td>
</tr>
<tr>
<td></td>
<td>Ltd, UNISON Steward, Chair, Guidelines International Network (G-I-N)</td>
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<tr>
<td></td>
<td>Treasurer – Guidelines International Network (G-I-N)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NICE Accreditation Advisory Committee</td>
<td></td>
</tr>
<tr>
<td>Pam Whittle, CBE</td>
<td>Chair, Scottish Health Council</td>
<td></td>
</tr>
<tr>
<td>Dr Hamish Wilson, CBE</td>
<td>Lay Member, Scottish Dental Practice Board</td>
<td>25 August 2016</td>
</tr>
<tr>
<td></td>
<td>Trustee of the GMC Pension Scheme</td>
<td></td>
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<tr>
<td></td>
<td>Lay Member of the Assembly (the Governing body) of the Royal Pharmaceutical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Society of Great Britain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member of Scottish Advisory Board for Marie Curie</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Honorary Fellow of the Royal College of General Practitioners</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Independent Governor of Robert Gordon University, Aberdeen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chair, Review of Community Eye Care Services in Scotland</td>
<td></td>
</tr>
<tr>
<td>Angiolina Foster, CBE</td>
<td>Chief Executive, Healthcare Improvement Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chief Executive, NHS24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Member of Chartered Management Institute</td>
<td></td>
</tr>
<tr>
<td>SENIOR STAFF MEMBERS</td>
<td></td>
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</tr>
<tr>
<td>----------------------</td>
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</tr>
<tr>
<td>Ruth Glassborow</td>
<td>1 Director of Safety and Improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 *GenerationQ Fellow with Health Foundation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Member of Institute of Healthcare Managers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Member of Managers in Partnership (MiP) Union</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Board Member, UK Improvement Alliance</td>
<td></td>
</tr>
<tr>
<td>Richard Norris</td>
<td>1 Director, Scottish Health Council</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Member, Board of Management of the Centre for Scottish Public Policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Board Member, Scottish Improvement Science Collaborating Centre</td>
<td></td>
</tr>
<tr>
<td>Robbie Pearson</td>
<td>1 Director of Scrutiny and Assurance, Healthcare Improvement Scotland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 *Lay Member of the General Teaching Council in Scotland</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** *Remuneration relates to £75 per half day compensation that is available.

| Dr Brian Robson      | 1 Executive Clinical Director, Healthcare Improvement Scotland |  |
|                      | 1 Health Foundation College of Assessors |  |
|                      | 7 Clinical Practice – Mearns Medical Centre, Glasgow |  |
|                      | 7 *Institute for Healthcare Improvement (IHI) Faculty and Fellow |  |
|                      | 7 Royal College of General Practitioners - Fellow, West of Scotland Faculty and Scottish Council |  |
|                      | 7 British Medical Association (BMA) – Member |  |
|                      | 7 Harvard School of Public Health – student ambassador support |  |

**Note:** * As an IHI Fellow and IHI Faculty Dr Robson can be occasionally offered subsidised attendance and accommodation at events. These subsidies are not always in place nor always accepted.

| Claire Sweeney       | 1 Interim Director of Quality Assurance |  |
|                      | 7 Coach, Perth Plus |  |

| Dr Sara Twaddle      | 1 Director of Evidence, Healthcare Improvement Scotland |  |
|                      | 7 Member, UNISON |  |
|                      | 7 Spouse is General Medical Practitioner |  |
Maggie Waterston
1 Director of Finance and Corporate Services
7 Member of Chartered Institute of Management Accountants
7 Member of Healthcare Financial Management Association
7 *Strategic Finance Leaders Programme: Scottish Public Sector 2015

**Note:** *This is a joint programme between Scottish Government and Deloitte which is resourced by Deloitte with no charge to Healthcare Improvement Scotland.*

### Explanation of Categories

<table>
<thead>
<tr>
<th>Category Number</th>
<th>Category Type</th>
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<td>1</td>
<td>Remuneration</td>
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<td>2</td>
<td>Related Undertakings</td>
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<td>3</td>
<td>Contracts</td>
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<td>4</td>
<td>Houses, Land and Buildings</td>
</tr>
<tr>
<td>5</td>
<td>Interest in Shares and Securities</td>
</tr>
<tr>
<td>6</td>
<td>Gifts and Hospitality</td>
</tr>
<tr>
<td>7</td>
<td>Non–Financial Interests</td>
</tr>
</tbody>
</table>
SUBJECT: Chairman’s Report

1. Purpose of the report
This report provides the Healthcare Improvement Scotland Board with an update on key strategic and governance issues.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to
- receive and note the content of the report.

3. Strategic issues

a) Public Service Reform
I continue to hold discussions with our stakeholders including senior Scottish Government colleagues about public service reform and the role that the organisation may play across health and social care. The Acting Chief Executive and I met with the Chief Medical Officer on 31 August 2016, the Chief Nursing Officer on 7 September 2016, the Director of Population Health on 3 October 2016 and the Chief Scientist for Health on 3 October 2016. In addition, as Chairman of HIS, I have been offered a place on the newly reconstituted ministerial group for health and social care integration that will hold its first meeting on 16 November 2016.

4. Stakeholder engagement

a) Joint engagement: Chairman and Acting Chief Executive – key issues
- MSPs
  We continue to arrange meetings with MSPs as part of our external engagement programme and most recently met with Donald Cameron MSP on 7 September, Maureen Watt MSP, Minister for Mental Health, on 25 October and Ruth Davidson MSP on 2 November. The meeting scheduled with Neil Findlay MSP, Convener of the Health and Sport Committee, noted in my previous report has been rearranged for 6 March 2017. We will be hoping to discuss with him how HIS can contribute to and inform the work of the Committee.

- Scottish Government
  Regular liaison meetings continue with our Scottish Government sponsor division and the most recent strategic meeting was held on 31 August 2016 with all the Directorate Heads represented. The meeting covered a discussion of our priorities and strategic planning for 2017/18 and how we will deliver our seven contributions to transforming health and social care in Scotland.

- Development Session on the Review of Targets, 13 September 2016
  We attended this development session for NHS Chairs and Chief Executives to discuss the national review of targets led by Sir Harry Burns. Ruth Glassborow, Director of Improvement Support and ihub, is now a member of the review group. Alongside this, the Acting Chief Executive and I are arranging to meet with Sir Harry Burns.
• **Meetings with NHS Improvement England**
  The Acting Chief Executive and I met with Jim Mackey on 16 September 2016 to discuss common areas of interest and explore sharing of best practice. I then met with the Chair, Ed Smith, on 12 October 2016. As a result of these meetings, a commitment to joint working has been made between the two organisations. One of the discussions with Ed Smith focused on development of non executive Board members and we plan to take forward work in this area.

• **Senior Leaders Forum, 15 November 2016**
  The latest meeting of the Senior Leaders Forum was held on 15 November and discussed transformational change delivery plans which will be submitted to Parliament by the end of December.

b) **NHS Chairs Meetings**
  There have been a number of NHS Chairs’ meetings since my last report. The key themes running through the meetings have been the Transformational Change Programme, the National Clinical Strategy, the national review of targets, and workforce and performance matters, particularly in relation to winter planning.

c) **Kings Fund Conferences**
  The King’s Fund is an independent charity working to improve health and care in England. I recently attended two of their conferences to gain an insight into principles and best practice that might be applied to our work in Scotland. The conferences were the Integrated Care Summit on 11 October 2016 and their annual conference on 9 November 2016 which was subtitled “tackling the main health and care priorities”. A key message for HIS from these conferences is for us to use learning from the Kings Fund to improve our stakeholder engagement and share our key messages with the service.

d) **Awards Ceremonies**
  - Scottish Health Awards, 3 November 2016 - I attended and hosted a table at the awards where Healthcare Improvement Scotland sponsored the Care for Mental Health award which was awarded to Mental Health Nurses in Kersiebank and Bannockburn GP Practices, NHS Forth Valley.
  - Royal College of Psychiatrists – I attended the awards ceremony in London on 8 November and presented the mental health services “team of the year” award.
  - I will attend the HIS Quality Improvement awards on 15 November 2016 and a Scottish Association for Mental Health evening reception on 1 December 2016, hosted by Sir Chris Hoy.

e) **NHS Boards Recruitment**
  I have recently been a panel member for the recruitment of the Chair for NHS Fife and will be a member of the panel for the recruitment of the Chief Executive for NHS Greater Glasgow & Clyde.

5. **Forward Look**

a) **Joint Engagement: Chairman and Acting Chief Executive**
  - Regulation and Quality Improvement Authority – a meeting will be held with the Chair and Chief Executive on 24 November 2016 as part of the ongoing joint working.
  - SOLACE Office Bearers – a joint meeting will be held on 24 November 2016 that will include the Chair and Chief Executive of the Care Inspectorate.
• SPSP National Conference, 29 November 2016 – myself and a number of Board members will attend.

b) Quality Portfolio Group
   The next meeting will be held on 6 December 2016.

6. Our governance

a) Annual Review and Annual Report 2015/16
   The HIS Annual Review 2016 will be held on Monday 28 November 2016 and will be led by Maureen Watt MSP, Minister for Mental Health. The event will include meetings for the Minister with the Clinical Forum, Partnership Forum, Public Partners and Board members as well as a public meeting that will provide a forum for asking questions. In advance of the Annual Review, the Annual Report 2015/16 was published on 4 November 2016 and has been shared widely with stakeholders.

b) Board Development
   Along with a number of Board members and Executive Team colleagues, I attended the first national masterclass delivered by the Quality Improvement for Board Members programme on 20 September 2016. The event was very well received and the second national event will be held on 21 February 2017.

Dr Dame Denise Coia, DBE, FRCpsych
Chairman

Social media
If you are active on Twitter, please follow the Chairman - @denisecoia.
SUBJECT: Executive Report to the Board

1. PURPOSE OF THE REPORT

This report from the Chief Executive and Directors is intended to provide the Healthcare Improvement Scotland Board with information on headline issues and key operational developments.

2. RECOMMENDATION

The Healthcare Improvement Scotland Board is asked to:

• note the content of this report

3. REPORT FROM THE ACTING CHIEF EXECUTIVE

This section of the report will provide the Board with an overview of key internal developments.

Following Angiolina Foster’s successful appointment as the permanent chief executive of NHS 24, I wish to share my own congratulations and acknowledgement of the leadership, support and guidance that Angiolina has offered myself, the Executive Team and our organisation and wish her well in her new post.

The Executive team have recently completed a mid-year review of the 2016/17 budget and have started work on developing the budget for 2017/18 and beyond as part of the corporate planning process.

The 2016/17 mid-year performance review process is underway and the Executive Team’s reviews will be considered at the next Executive Remuneration Committee meeting on 22 November.

Director of Nursing, Midwifery and Allied Health Professionals

Following interviews, it was decided not to appoint to the Director of Nursing, Midwifery and Allied Health Professionals post (NMAHP). The Executive Remuneration Committee will be considering the next steps at their meeting on 22 November.

Associate Director for Strategic Engagement and Relationship Management

Following a successful interview, we have appointed Tim Jays to the post of Associate Director for Strategic Engagement and Relationship Management. Tim has joined us on secondment from the Scottish Government, where he has held senior posts including being
responsible for media and communications in the health and social directorates. As there is a very strong link between strategic engagement, relationship management and communications, Ken Miller, Head of Communications, and consequently our Communications Unit has moved from the Improvement Support and ihub Directorate to work under Tim.

**IHI 28th Annual National Forum on Quality Improvement in Health Care, Orlando**

I will be attending the 28th Annual National Forum on Quality Improvement in Healthcare in Orlando Florida in December 2016. Healthcare Improvement Scotland will be represented by Diana Hekerem, Head of Strategic Commissioning Support; Anne Hanley, Quality Assurance Operations Manager and Joanne Thomson, Associate Improvement Advisor. Sessions I will be attending include a CEO and Leadership summit, led by Derek Feeley, President and CEO of IHI, and the IHI Strategic Partners Winter Camp.

4. **EXTERNAL ENGAGEMENT**

This section highlights a number of external meetings and events attended by the Acting Chief Executive and Executive Team and hosted by Healthcare Improvement Scotland.

The Acting Chief Executive has attended various external stakeholder meetings with the Chairman as detailed in the Chair’s report. These meetings have been extremely useful and are continuing to build and grow our stakeholder engagement and relationships.

**IHI Health Improvement Alliance Europe (IHI HIAE)**

The Acting Chief Executive and Director of Improvement Support and ihub attended the first session of the IHI HIAE. The purpose of this network is to enable effective collaboration across Europe on some of the key and common improvement challenges facing healthcare services. Members had identified the following as the top three priority issues for collaboration:

- QI in a financially (and resource) constrained environment
- Population Health
- Joy at work (though acknowledged the title of this needs to change for European context)

The session started the process of working together to identify the key issues that need to be addressed to enable progress, with a particular focus on looking at where the network could add most value.

The next face to face meeting will be in London in April with work progressing between now and then through virtual work groups. There was good representation from across Scotland including four NHS Board Chief Executives.

**SPSP National Event - EICC, Edinburgh - 29 November 2016**

Building on the two previous successful SPSP National conferences, this year’s event is called 'Improving Care for People in Scotland - A focus on Deterioration: Prevention, Recognition and Response’. Pedro Delgado, IHI and Emmanuel Gobillot will host the day with over 750 delegates registered to attend from across Health and Social Care within Scotland and beyond.
The main aims of the day are to:

- celebrate success that teams have achieved in reducing harm to people in health and social care services across Scotland and beyond
- share practical approaches to prevent deterioration and improve outcomes, and
- network with delegates to learn from their experiences of an integrated approach to prevention, recognition and response to deterioration.

A different approach to content has been taken this year with teams across Scotland being invited to submit expressions of interest to present work relating to one or more of the five areas being covered across the morning sessions. The afternoon sessions will take a programme specific focus centred on prevention, recognition and response to deterioration.

**International Recognition of Healthcare Improvement Scotland**

Fiona Wardell, Standards and Indicators Team Lead, was invited to present our work on the development and use of quality and safety indicators in healthcare at a seminar which was organised by Instituto de Estudos de Saude Suplementar (IESS) in Sao Paulo in October 2016. IESS is a private ‘think tank’ which supports Brazilian healthcare. Fiona also participated in the panel debate on the use and transparency of quality and safety indicators by health care providers.

Karen Macpherson gave a presentation at a meeting of the European Network of Health Technology Assessment meeting in Rome on 14th November on the Adaptation of European HTAs to inform decision making in NHS. This will cover the recent experiences of SHTG in adapting work produced jointly by European HTA agencies.

**European Antibiotic Awareness Day (EAAD)**

This annual campaign since 2008 to highlight the problems of antimicrobial resistance and inappropriate use of antibiotics was held on 18th November and from 2015 forms part of World Antibiotic Awareness Week. SAPG has led activities in Scotland to support European Antibiotic Awareness Day (EAAD) since 2010 and works closely with colleagues in Public Health England (PHE) to raise awareness amongst health and care staff, patients and the public about the need to use antibiotics more wisely to stop antimicrobial resistance. The campaign this year aims at;

- encouraging members of the public and healthcare professionals to make a pledge about how they will personally use antibiotics more prudently, and becoming Antibiotic Guardians. This year, PHE’s goal is to reach 100,000 registered antibiotic guardians by 31 March 2017 and SAPG will be using NHSScotland versions of the Antibiotic Guardian resources to support this aim.

- a new “Stop Antimicrobial resistance” poster, leaflet and colouring-in sheet featuring ‘scary bacteria’. These will be used in hospital and community settings and are currently featuring as the national Community Pharmacy Public Heath campaign

**Annual Regulation Conference**

Staff from the Quality Assurance Directorate presented at the Annual Regulation Conference on 31 October 2016. Claire Sweeney took part in a panel discussion about the future of scrutiny and assurance, which was an opportunity to set out our vision for the Quality of Care
Reviews and the range of contributions we make across the organisation. Anne Hanley and Karen Beattie hosted a workshop about our work specifically focusing on our new role in terms of regulating independent clinics.

5. DIRECTORATE DEVELOPMENTS

This section of the report provides an overview of key developments within Directorates, not covered elsewhere in this report or the Board agenda, on which it is important for Board members to be sighted.

Scottish Health Council internal review

The Scottish Health Council review is currently completing its feedback gathering phase with public engagement focus groups held in Aberdeen, Inverness, Kilmarnock and Glasgow due to be complete by 18 November 2016. The draft review report will be received by the joint chairs by 9 December 2016.

Feedback gained so far from stakeholders & staff has been highly positive with a strong focus on Our Voice and the Scottish Health Council's role in service change, with some constructive suggestions received regarding the delivery of both, plus other views on raising public awareness of the organisation's work. The review will consider how this feedback can be taken forward in the best way possible.

Our Voice

The Citizen's Panel has been fully recruited with over 1,300 members across Scotland with a minimum of 30 in each integrated authority area and the first Panel survey has been agreed and commenced. The initial findings will be available in December.

We are currently in discussion with Scottish Government to identify an appropriate topic area for a Citizens’ Jury, and we are suggesting a topic around the work of the Targets and Indicators Group.

There are a number of events which the Scottish Health Council are looking to develop over the coming months, including working closely with the Alliance and the Carers Coalition to scope a national event for all public representatives on Integration Authorities to share learning and practice in early 2017; jointly hosting an event in December bringing together over 30 third sector organisations to develop new ways of working using the Our Voice framework and we are in discussion with the General Medical Council and the Royal College of Nursing and Midwifery to explore possibility of a roundtable discussion focussing on public engagement and its role in regulation. We are also in discussion with the CMO's office on engaging with the public on Realistic Medicine.

In addition to the above the Scottish Health Council is currently working on four ‘Gathering public views’ projects:

- Testing NHS Informs website in remote and rural area for NHS Health Scotland
- Gathering views on Scotland’s Oral Health Plan for Scottish Government
- Gathering views on Eyecare Services Review for Scottish Government
- Gathering views on patient experience of hip fracture (in the planning stages)
The Scottish Health Council is continuing to closely monitor service change including NHS Lanarkshire’s healthcare strategy and a number of service change proposals from NHS Greater Glasgow and Clyde that have been the subject of debate in the Scottish Parliament.

Our local Scottish Health Council offices continue to support service users in their areas and there is significant work ongoing including;

- A Patient Participation Group Network launched on Facebook (via Grampian office)
- Health & Social Care Partnership staff leads networking event – attended by 15 members of staff from Health & Social Care Partnership in Perth & Kinross, Angus, Dundee and Fife.
- Telephone interviews with 17 stoma care patients to support NHS Ayrshire & Arran’s Stoma Care Review
- Three new Patient Participation Groups established in Moray and Highland

Framework Agreement

The Framework Agreement for Improvement Associates allows the ihub to draw on the skills and expertise of independent contractors for time-defined, specific improvement projects and has been live since late May 2016. It has proved a useful way to access flexible improvement support, particularly in terms of responding quickly to requests from NHS and health and social care partners. The Framework Agreement therefore forms a critical part of the ihub’s commitment to delivering tailored and responsive improvement support.

A review of the Framework Agreement and the requests and contracts so far has been carried out and, from that, a recommendation is being made to the Executive Team to re-procure the Framework Agreement early next year in order to increase the number of Associates and broaden the skill set available. In using a Framework Agreement procurement, which shortens the amount of time and administration typically involved in accessing support from independent contractors, there remains an ongoing corporate risk in terms of its management.

Improvement Fund

The Improvement Fund is part of the ihub’s commitment to deliver a small grants-making function to support improvement and it opened its first call for Expressions of Interest in mid-September and the final date for receiving EOLs is 30th November. For the remainder of 2016/17, £200,000 is available to fund awards and each award can range from £5-75,000. Awards will be aimed at new ideas that require early testing or established ways of working that are at a stage to share the learning at a national level.

There has been wide-ranging interest and, to date, over 70 requests for information have been received and over 10 EOLs have been submitted seeking more than £350,000 of funding in total. A decision has been made to hold a moderation meeting in early December to review and, where necessary, prioritise successful applications. For those that are not successful on this occasion, the intention is that there will be another opportunity to access funding in early 2017 and the Improvement Fund budget for 17/18 is currently being decided as part of the work planning process.
Making connections

The Scottish Government has commissioned the Scottish Health Council and the Person Centred Care team within the ihub at HIS as a delivery partner for Our Voice. One aspect of this is to “support integration partners to maximise the use of feedback from individuals at local level to drive improvement”. Another objective is to “map clearly alignments and overlaps with existing person-centred care and personalisation activity to ensure Our Voice is a supportive framework for individuals”.

Alongside the work that the HIS Person Centred Health and Care Programme is directly responsible for, there are a large number of other local and national efforts to focus services and support on what matters to people in Scotland. There is a clear opportunity to support alignment or synergies between these positive developments at the present time.

This has prompted the Our Voice and Person Centred Teams in HIS to seek to build connections, starting with two events. One will be internal to HIS, reaching out to all parts of the organisation, in early December 2016. In parallel with that, we have convened two planning sessions for a larger external event in the New Year, to create a space to convene a broad community and act as a catalyst for change.

Collaboration

We have recently joined with colleagues in Health Scotland (HS), Glasgow Centre for Public Health (GCPH), Scottish Collaboration for Public Health Policy (SCPHP) and Social and Public Health Sciences Unit (SPHSU) to form the Public Health Evidence Network. Prof Laurence Moore (SPHSU) is chairing the group and Karen Ritchie and Karen Macpherson are representing HIS. The work programme for the group includes a number of collaborative projects. HIS are working on one of these projects with HS and staff of the What Works Scotland centre to trial an approach to developing rapid evidence reviews on topics which cover both health and social care. The topic selected has arisen from work of the HIS Living Well in Communities team and relates to the co-ordination of palliative care.

Research

HIS has been a Work Package leader on an EU funded project – RARE-Bestpractices (http://www.rarebestpractices.eu/) – designed to support the creation and use of guidelines for the diagnosis and management of rare diseases. Evidence Directorate staff led by Karen Ritchie have contributed to this project over the last four years and the final meeting and international conference marking the end of the project in December 2016 are taking place on the 23-24 November in Rome. Discussions are ongoing regarding plans to sustain the database and collection of guidelines as these are anticipated to have value for the European Reference Networks which are to be established imminently to support better care for patients across Europe with rare conditions.

Scottish Antimicrobial Resistance and Healthcare Associated Infection (SARHAI) 5 year strategic framework

The Scottish Antimicrobial Resistance and Healthcare Associated Infection (SARHAI) 5 year strategic framework will be published on 30th November 2016, aligned with the UK Antimicrobial Resistance (AMR) Strategy for 2013-2018 and building on the Healthcare Associated Infection (HAI) Delivery Plan. The strategic framework supports a ‘one health’ and brings together already established work on HAI and AMR for human health with new complementary work on animal health. The SAPG work programme will support this framework.
Montgomery Review

The Montgomery Review of access to new medicines was submitted to the Cabinet Secretary in October. To date there has been no announcement regarding publication of the report, but a briefing by Scottish Government colleagues for the SMC Chair and Vice Chair, SMC Chief Pharmacist and the Director of Evidence on the key messages will take place on 23 November to share high level messages.

Scottish Quality and Safety Fellowship

Healthcare Improvement Scotland’s Executive Clinical Director took part in the interviews for Cohort 9 of SQSF in August 2016 and we have now appointed in collaboration with NHS Education Scotland 18 Scottish fellows, 6 from Northern Ireland, 3 Norwegian, 5 Danish and 1 from the Republic of Ireland. This fellowship programme continues to offer Healthcare Improvement Scotland close connection with new and evolving areas of improvement in Health and Social Care. There are now a significant number of SQSF fellows in senior leadership roles across Scotland and internationally and having a strong connection in the appointment process, curriculum for the year and enhanced relationships helps us with our stakeholder engagement over time.

Measurement and Monitoring of Safety

Healthcare Improvement Scotland was successful in a joint bid with AQuA, Haelo, Yorkshire and Humber Improvement Academy and supported by the UK Improvement Alliance, to the Health Foundation for a further phase of funding for the measurement and monitoring of safety programme. The 18 month phase two (until 31 January 2018) aims to encourage and support a larger number of teams to use the framework for the measurement and monitoring of safety in order to guide improvement in their measurement approaches. Healthcare Improvement Scotland aims to contribute to this UK-wide programme by supporting further testing of the framework at micro, meso and macro levels of the system and by influencing national programmes and policy that the framework aligns with. An event was held on 20 October 2016 with over 100 colleagues from NHS boards across Scotland, Scottish
Government and third sector to share reflections from the phase one testing and engage a wider audience in shaping phase two.

**Pharmacy Quality Roadshows**

Resources for Pharmacy Quality Roadshows have been developed and disseminated to NHS boards for local delivery. The Quality roadshows include strategic presentation, video clip and quality improvement workshop materials. The focus is around error reporting, the use of the safety climate survey tool to underpin continuous quality improvement in community pharmacy (circular issued September 2016). Outcomes will be around improvements made in the safety culture within the pharmacy profession and awareness of new legislation around decriminalisation of inadvertent dispensing errors.

**Sharing Intelligence internally within HIS**

We have made a commitment to establish a robust approach for how data/information are shared between, and actively considered by, Healthcare Improvement Scotland’s different functions. In May 2016, the Quality Committee endorsed a proposed approach whereby the ‘take home messages’ about the quality of healthcare will be shared between all our various functions (eg between quality assurance and improvement support, and vice versa), and colleagues from our different teams will come together to consider quality of healthcare on the basis of the intelligence shared.

Having sent our intelligence sharing proposals to NHS boards in July, and having tested these proposals internally and by working with two NHS boards, work is now progressing to put into routine practice this approach for sharing intelligence between our organisation’s different functions.

**Clinical Forum**

Healthcare Improvement Scotland’s Clinical Forum brings together 126 healthcare professionals, a combination of National Clinical Leads and full time members of staff. The infographic below details the clinical professional membership of the group. At our last meeting on 19 October, there was lively discussion around how safety can remain a key priority in today’s context and Healthcare Improvements Scotland’s seven contributions to transforming health and social care, with interesting insights on how we can better utilise the clinical forum as a source of advice when developing our work programme and support identification of areas of potential collaboration.

**CLINICAL FORUM MEMBERSHIP**

<table>
<thead>
<tr>
<th>Memberships</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinicians</td>
<td>126</td>
</tr>
<tr>
<td>NMAHPs</td>
<td>60</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>26</td>
</tr>
<tr>
<td>Medics</td>
<td>39</td>
</tr>
<tr>
<td>Dentist</td>
<td>1</td>
</tr>
<tr>
<td>National Clinical Leads</td>
<td>49</td>
</tr>
<tr>
<td>Medics</td>
<td>27</td>
</tr>
<tr>
<td>NMAHPs</td>
<td>12</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>9</td>
</tr>
<tr>
<td>Dentist</td>
<td>1</td>
</tr>
</tbody>
</table>
Quality of Care Reviews

The quality of care reviews work programme is developing and implementing a new methodology to provide external quality assurance of the care provided in NHSScotland. The new approach uses a consistent core methodology, based on an overarching quality framework, and a set of tools that can flex to the scale and topic of a review. There will be a much stronger emphasis on supporting continuous quality improvement and building supportive improvement-focused relationships with service providers.

We are currently focussing on testing a number of aspects of the new approach:

- **Organisational level review.** NHS Grampian has agreed to test the overarching self-assessment against the quality framework. Terms of reference for this work are in development.

- **Thematic review.** NHS Lothian has agreed to support a pilot thematic quality of care review within CAMHS and a terms of reference has been signed off with the board. The pilot will feature a site visit by a peer review team supported by HIS project staff. The theme for the pilot review, as agreed with NHS Lothian, will be transition from child and adolescent to adult mental health services.

- **Point of care review.** The Healthcare Environment Inspectorate (HEI) is currently reviewing its healthcare associated infection (HAI) self-assessment for 2017/2018 and is aligning this with the domains and evidence outlined in the quality framework and in the high level organisational self-assessment with a view to streamlining what is asked for on an ongoing basis if organisations have already provided this in a high level return. The ultimate aim would be to have one self assessment from each NHS board that contains sufficient information to inform all inspection activity for the year however some of the HAI information and evidence is very specific to the standards so there will likely always be a requirement for supplementary information. We are aiming to have a draft aligned HAI self assessment by the end of the year and are in the process of identifying possible test sites.

- **Ad hoc review.** The recent review of hospital-based complex clinical care (HBCCC) in NHS Lothian commissioned by Scottish Government was based around the domains of the quality framework and the learning from this will also feed into the development of final methodology options. Any further ad hoc reviews that are undertaken during the testing phase will be based on the quality framework domains and the high level self assessment if appropriate.

Throughout all of the testing we will work closely with the organisations concerned to maximise the learning and allow real time feedback as we move through the test phase and to ensure that we capture as much information as possible to inform the support package moving forward, including the level of resource required from HIS programme staff to appropriately support services.

Based on progress to date with development of the self assessment tools it is likely that completion of all planned testing will take us up to April 2017. Thereafter, there will be a period of reflection on the tests and analysis of the after action reviews to consolidate the feedback and learning and use this to inform the final tools and methodology with plans to commence phased roll out of the new approach from summer 2017.
SUBJECT: Financial Performance Report as at 31 October 2016

1. Purpose of the report
   The paper provides an update on the financial position for 2016-17 as at 31 October 2016.

2. Key Points
   The organisation’s most recent financial position is reported at each meeting of the Audit and Risk Committee and at all Board meetings.

   The financial plan underpins the Local Delivery Plan of the organisation. Any changes to this plan are approved by Executive Team to ensure that they meet the strategic objectives of the organisation.

3. Actions/Recommendations
   The Board is asked to:
   - Note the financial position as at 31 October 2016.
   - Note the progress with regard to allocations and the level of the Reserve Fund.
   - Note the two requests for capital expenditure and the outcome.

Appendix:

1. Financial Performance Report (P7)

If you have any questions about this paper please contact

Brian Ward, Head of Finance & Procurement
e-mail: brianward@nhs.net
direct dial: 0131 623 4329
extension: 8571
## SUPPORTING INFORMATION

### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
</table>
| Yes                                                    | Yes                                                         | No.533  
There is a risk that the organisation will not manage its increased resources to a balanced budget by 31 March 2017 because of the delay in recruiting the necessary people to deliver the increased work resulting in under delivery of our work programme, under spend of our budget and reputational damage to the organisation. 
Medium (8) |

### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>Reference should be made to the Financial Plan that forms part of the Corporate Plan 2015-18.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>None</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>The contents of the report are also shared with Scottish Government on a monthly basis through the Financial Performance Reporting arrangements.</td>
</tr>
</tbody>
</table>

What Equality and Diversity considerations relate to the work. Advise how the work:
- helps the disadvantaged;
- helps patients;
- makes efficient use of resources

None
Financial Performance Report as at 31 October 2016

Financial Position

At 31 October, seven months of the financial year have past. The total HIS revenue budget for the year is just under £26.9 million pounds. At the end of September, HIS had spent £15.1 million, almost £445,000 more than the budget for the first seven months.

However, HIS has not yet received all of the allocations from the Scottish Government (SG); an additional £1.7 million has still to be received. When spend against these allocations is taken into account HIS has spent £58,007 less than budget.

Table A
Financial position at 31 October 2016

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Full Year Budget</th>
<th>Budget Remaining</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>YTD Variance</th>
<th>YTD Spend for Outstanding Additional Allocations</th>
<th>Adjusted YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>287,553</td>
<td>105,916</td>
<td>166,913</td>
<td>161,639</td>
<td>5,274</td>
<td>-</td>
<td>5,274</td>
</tr>
<tr>
<td>Clinical Directorate</td>
<td>2,881,156</td>
<td>1,385,874</td>
<td>1,510,861</td>
<td>1,495,482</td>
<td>15,379</td>
<td>-</td>
<td>15,379</td>
</tr>
<tr>
<td>Corporate Provision</td>
<td>485,683</td>
<td>401,163</td>
<td>96,611</td>
<td>84,520</td>
<td>12,091</td>
<td>-</td>
<td>12,091</td>
</tr>
<tr>
<td>Evidence</td>
<td>4,831,081</td>
<td>2,070,418</td>
<td>2,734,190</td>
<td>2,760,663</td>
<td>(26,473)</td>
<td>-</td>
<td>(26,473)</td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>2,611,159</td>
<td>1,242,396</td>
<td>1,375,064</td>
<td>1,368,764</td>
<td>6,300</td>
<td>-</td>
<td>6,300</td>
</tr>
<tr>
<td>Pub</td>
<td>9,066,728</td>
<td>3,904,616</td>
<td>4,955,235</td>
<td>5,002,052</td>
<td>(43,816)</td>
<td>157,079</td>
<td>11,263</td>
</tr>
<tr>
<td>Property</td>
<td>1,276,807</td>
<td>556,109</td>
<td>723,698</td>
<td>720,698</td>
<td>13,335</td>
<td>-</td>
<td>13,335</td>
</tr>
<tr>
<td>Scottish Health Council</td>
<td>2,598,723</td>
<td>1,124,697</td>
<td>1,430,317</td>
<td>1,474,026</td>
<td>(43,709)</td>
<td>27,920</td>
<td>(15,789)</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>2,909,709</td>
<td>1,012,033</td>
<td>1,697,410</td>
<td>1,688,675</td>
<td>(8,735)</td>
<td>317,894</td>
<td>36,629</td>
</tr>
<tr>
<td>Sub-Total</td>
<td>26,879,600</td>
<td>11,823,081</td>
<td>14,611,634</td>
<td>15,056,519</td>
<td>(444,886)</td>
<td>502,893</td>
<td>58,007</td>
</tr>
</tbody>
</table>

It should be noted that these results are after removing the savings achieved to date as shown in Table D.

Budget

HIS’ budget has increased compared with last year. The baseline budget has increased by just over £9 million pounds to £24.5 million. Additional non-recurring allocations received to date amount to £2.1 million taking the total budget at 31 October to £26.9 million as shown in Table A. Non-recurring allocations are one-off allocations which only occur during one financial year.

After the first seven months of the financial year 94.2% of allocations have been received. This is better than this time last year when the comparative figure was 81%. In total, we expect just under £4 million of non-recurring allocations. We have currently received 58.5% of these.

Of the remaining £1.7 million, £1.5 million has been confirmed and £0.2 million has not yet been confirmed. We are following up with SG colleagues to ensure that these amounts are confirmed and received as soon as possible. HIS’ experience is that all allocations will be received over the course of the financial year; our aim is to bring them in as soon as possible so that the associated work can also be completed during this financial year.

Table B
Allocations - Summary

<table>
<thead>
<tr>
<th>Allocations</th>
<th>Recurring £'000</th>
<th>Earmarked £'000</th>
<th>Non-Recurring £'000</th>
<th>Total £'000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline 1 April 2016</td>
<td>15,494</td>
<td></td>
<td></td>
<td>15,494</td>
<td>54.3</td>
</tr>
<tr>
<td>Received to date</td>
<td>9,041</td>
<td>18</td>
<td>2,327</td>
<td>11,368</td>
<td>39.9</td>
</tr>
<tr>
<td><strong>Allocation at 31 October 2016</strong></td>
<td><strong>24,535</strong></td>
<td><strong>18</strong></td>
<td><strong>2,327</strong></td>
<td><strong>26,880</strong></td>
<td><strong>94.2</strong></td>
</tr>
<tr>
<td>Future SG funding - confirmed</td>
<td>-</td>
<td>1,464</td>
<td></td>
<td>1,464</td>
<td>5.1</td>
</tr>
<tr>
<td>Future SG funding - unconfirmed</td>
<td>-</td>
<td>188</td>
<td></td>
<td>188</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Anticipated total 2016-17</strong></td>
<td><strong>24,535</strong></td>
<td><strong>18</strong></td>
<td><strong>3,979</strong></td>
<td><strong>28,532</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
We report on the progress against outstanding allocations each month to SG and ET and they are also discussed at HIS’ quarterly finance meetings with SG colleagues.

The Board and the Audit and Risk Committee will be provided with regular updates on progress.

**Reserve Funds**

The conclusion of the mid-year review resulted in the net transfer of a small balance of £13,697 to the Reserve Fund. During October a further £123,824 was released resulting in a closing balance at 31 October of £137,521.

**Table D**

**Reserve Fund**

<table>
<thead>
<tr>
<th>Description</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Reserve</td>
<td>13,697</td>
<td></td>
</tr>
<tr>
<td>Transfers to Reserves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>82,224</td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>20,000</td>
<td></td>
</tr>
<tr>
<td>Finance &amp; Corporate Services</td>
<td>21,600</td>
<td>123,824</td>
</tr>
<tr>
<td>Closing Reserve</td>
<td>137,521</td>
<td></td>
</tr>
</tbody>
</table>
The recurrent value of funds released was £6,000.

The majority of the funds, £82,224, came from non-pay budgets, pay vacancies accounted for £6,000 and the balance of £35,600 came from other pay sources.

**Outlook**
The intention remains to deliver a balanced budget and with the current quality of financial information ET will be monitoring this regularly. With five months of the year remaining it is vital that the financial position continues to be carefully controlled.

**Additional Resources**
As part of the mid-year review process bids for additional resources were invited. These were considered and approved by ET at the meeting on 1 November with directorates being expected to accommodate this expenditure from within their own resources. However should this result in a shortfall this will be supported centrally. The bids totalled £203,489.

**Additional Non-Recurring Allocations**
Discussions to be held with Scottish Government to move, wherever possible, to an alternative system of drawing down on such allocations to match spend to mitigate against the risk of receiving surplus funds.

**Independent Healthcare**
Continue to closely monitor the developing picture around registrations. At the time of writing 155 have either completed the application form (66) or are in the process of doing so (89). In addition over 100 have access to the portal but have yet to begin filling the form and providing the information necessary. It is also believed there are another 250 or so service providers that are failing to respond at this time. This is being actively managed by HIS and discussed with SG colleagues.

**Capital Expenditure**
The Capital Resource Allocation for the financial year 2016-17 is £179,000. There are currently two proposals that meet the capital criteria.

**Virtualization Proposal**
This proposal was originally put forward to CMB by a member of staff and the estimated revenue costs of £10,739 are being met from the Change Management Fund. However the bulk of the expenditure is of a capital nature and totals £58,645. Net savings to HIS over a six year period amount to £118,266.

ET approved this proposal.

**Microsoft Office Upgrade**
HIS currently utilises Microsoft Office 2007 which will cease to be supported in October 2017. The proposal is to purchase Microsoft Office 2016 perpetual licences at a total cost of £117,937.

ET has asked for a further report to be submitted to a future meeting that provides further information around the subject of risk, the relationship with the possible CRM/SharePoint upgrade that is currently being prepared and how this all fits with any digital transformation strategy. This would allow any expenditure to be captured in the current financial year.
SUBJECT: Risk Management Update

1. Purpose of the report
To provide assurance on progress with the management of risk across the organisation and to present the current corporate risks (Appendix 1) and the very high operational risks for consideration (Appendix 2).

2. Key Points
   a) The corporate and operational risk registers, which are aligned to Driving Improvement in Healthcare: Strategic Plan 2014-2020, are presented in the format of reports from the Compass risk reporting system. The Compass system supports the risk management strategy and enables review of risk across the organisation. The corporate risks (Appendix 1) and very high operational risks (Appendix 2) have been reported from the Compass system as at 11 November 2016.

   b) There are 11 corporate risks on the report compared to 12 on the August Board report and 2 very high operational risks compared to 1 on the August report.

   c) The second last column on the report, “Risk Level August”, demonstrates the risk level presented to the previous Board meeting in August and arrows in the final column indicate if the risk rating has increased, decreased or not changed. The column headed “date last reviewed by committee” provides the date each risk was last reviewed at a committee meeting. “Impact x likelihood” scores have been included below the risk ratings.

   d) The movement schedule at Appendix 3 summarises the changes to the corporate and operational risk reports since these were presented to the August Board meeting.

   e) A grid showing the risk appetite and scoring is attached for reference at Appendix 4.

   f) The risks noted below link to agenda items for the Board meeting on 23 November as detailed, while the other risks on the register will be reviewed as part of the risk management update.
      - Risk 533 - agenda item 4.2, Financial Performance
      - Risk 6, 246 - agenda item 4.4, Measuring our Progress Report
      - Risks 6, 9, 10, 13, 246, 533 - agenda item 5.1, Strategic Priorities 2017-18 and 3 Year Corporate Plan
      - Risk 409 - agenda item 5.3, Joint Methodology of Adult Inspections
      - Risk 536 - agenda item 5.4, Independent Healthcare

   g) The Board is asked to note that all corporate risks and high/very high operational risks were reviewed by the Audit and Risk Committee at its meeting on 2 November 2016. The Committee received a detailed update on the risks associated with the registration of Independent Healthcare. The Quality Committee also reviewed the risks within its remit on 19 October 2016 and received a follow-up briefing note providing more detail for risk 455 in respect of SMC product assessment and Patient Access Schemes.
3. Actions/Recommendations
The Board is asked to review the corporate and operational risks presented to gain assurance that risk management is effective and to identify whether or not further action is necessary to deliver assurance on the effectiveness of control.

Appendices:
1. Corporate risks
2. Very high operational risks
3. Movement schedule
4. Grid showing risk appetite and scoring for reference

If you have any questions about this paper please contact Maggie Waterston, Director of Finance and Corporate Services, margaret.waterston@nhs.net, tel 0131 623 4608 ext 8580.

SUPPORTING INFORMATION

RISK
<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER CONSIDERATIONS

How do the key points relate to the Corporate Plan?
All corporate risks recorded support the strategic objectives of the organisation and identify any threats or opportunities that might prevent their achievement.
The performance report to the Board provides a cross reference against the risk register of any programmes of work that are at risk of not being completed as planned.

Resource Implications
The management and training of risk is conducted on a team basis and forms part of management responsibilities.

What engagement has been used to inform the work.
The risk register is an internal governance system which does not require external engagement. The risk management system is maintained and updated by staff assigned as risk managers.

What Equality and Diversity considerations relate to the work.
There are no specific equality and diversity issues as a result of this paper. The corporate risk register outlines risks in relation to finance/resources.

• helps the disadvantaged;
• helps patients;
• makes efficient use of resources.
## Appendix 1 – Corporate Risks at 11/11/16

<table>
<thead>
<tr>
<th>Category</th>
<th>Project / Strategy</th>
<th>Risk No.</th>
<th>Risk Dir.</th>
<th>Description</th>
<th>Risk Controls</th>
<th>Net Risk Level</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Risk Level August (impact x likelihood)</th>
<th>Current Risk Level (impact x likelihood)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>SMC Product Assessment</td>
<td>454</td>
<td>ST</td>
<td>There is a risk that SMC is unable to accept beneficial new medicines for use in a timely manner because of sustained high level workload, leading to political and/or public criticism and resulting reputational damage</td>
<td>Horizon Scanning Schedule planning Published prioritisation criteria</td>
<td>Medium 9</td>
<td>SMC improvement programme to drive efficiencies in assessment process. Short term additional capacity secured (6 month temporary HSR post).</td>
<td>No NDC scheduled for December combined with increased staff vacancies increases the likelihood of this risk.</td>
<td>Audit &amp; Risk Committee, 2/11/16</td>
<td>Medium – 9</td>
<td>Medium – 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>455</td>
<td>ST</td>
<td>There is a risk of stakeholders disengaging from the work of SMC because of lack of confidence in the assessment methodology (e.g. further external reviews of SMC), resulting in SMC being unable to deliver its functions</td>
<td>Engagement with UK Health Technology Assessment agencies to inform and share best practice. Working with Area Drug and Therapeutic Committees through the ADTC collaborative Engagement with ABPI and industry Engagement with patient groups</td>
<td>Medium 8</td>
<td>Code of conduct for members. Training for SMC members. ADTC flash reports. Training for patient groups. Industry training events. Engagement with ABPI led User Group Forum. New approaches to recruitment of new members being tested.</td>
<td>New members guide created for members joining SMC. Two training sessions for SMC members are planned for Feb-March.</td>
<td>Audit &amp; Risk Committee, 2/11/16</td>
<td>Medium – 12</td>
<td>Medium – 8</td>
</tr>
<tr>
<td>Workforce Strategy</td>
<td></td>
<td>246</td>
<td>RP</td>
<td>There is a risk of significant organisational disruption because of the scale of change and growth that is currently being considered to support improvement in an integrated environment resulting in non delivery of work and demoralisation of the workforce.</td>
<td>Workforce Plan 2016/17 Workforce policies (aligned to national Partnership Information Network - PIN - policies &amp; guidelines) Change Management Board</td>
<td>Medium - 10</td>
<td>Workforce Plan 2016/17 Change Management Board considers the workforce impact of change as a core part of its considerations</td>
<td>The 2016/17 Workforce Plan includes information relating to key workforce priorities including our approach to flexible working, agile working, and the steps we are taking to realise the 2020 workforce vision. The Change Management Board continues its work to take an overview and support the organisation in successfully delivering change by ensuring all workforce-related</td>
<td>Audit &amp; Risk Committee, 2/11/16</td>
<td>Medium – 10</td>
<td>Medium – 10</td>
</tr>
<tr>
<td>Reputational / Credibility</td>
<td>Corporate</td>
<td>409 CS</td>
<td>Policies and procedures relating to assessment, inspection and regulation. HIS action plans following any previous incidents.</td>
<td>As part of the development of the Quality of Care review approach we are carrying out further work to support how use evidence and form judgements. This will have implications across our QA activities.</td>
<td>Audit &amp; Risk Committee, 2/11/16</td>
<td>Medium – 12 Medium – 10</td>
<td>4 x 3 5 x 2</td>
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<tr>
<td>Reputational / Credibility</td>
<td>Corporate</td>
<td>533 MW</td>
<td>Half Year review Monthly Management Accounts Tracking spreadsheets for reallocation of funding</td>
<td>The half year financial review resulted in more confidence that the financial position will be managed to a balanced position by 31 March 2017. Actions are in place to maintain this outcome and to reallocate funding internally to support priorities, should this be necessary.</td>
<td>Audit &amp; Risk Committee, 2/11/16</td>
<td>Very High – 20</td>
<td>Very High – 20</td>
<td>5 x 4 5 x 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reputational / Credibility</td>
<td>Corporate</td>
<td>588 RP</td>
<td>Flexibility in deployment of senior staff to meet short term demands</td>
<td>Establishment of full time interim Chief Nurse post, alongside back-fill for the deputy director of quality assurance. This will entail appropriate additional support around these arrangements. The Medical Director retains full responsibility for Clinical Directorate responsibilities in the meantime.</td>
<td>New risk – will be reviewed by Executive Remuneration Committee, 2/22/16</td>
<td>n/a – new risk</td>
<td>High - 15</td>
<td>5 x 3</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Driving Improvement in Healthcare Strategy 2014-2020</td>
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<td></td>
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<td></td>
<td>6 RP</td>
<td>There is a risk that the benefits of integrating our evidence, scrutiny and assurance and quality improvement implementation support functions will not be realised because of a lack of understanding, application and commitment resulting in a failure to deliver our strategy.</td>
<td></td>
<td></td>
<td>Decision making matrix frameworks - risks and benefits matrix.</td>
<td></td>
<td></td>
<td>Cross organisational themes have been agreed as part of the Corporate Plan and require to be embedded within the organisation and its ways of working.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>9 MW</td>
<td>There is a risk that our work does not take account of the longer term, wider and evolving external environment because of a lack of horizon scanning, organisational appetite or capacity for change resulting in missed opportunities and reputational damage.</td>
<td></td>
<td></td>
<td>Stakeholder engagement sessions Visioning around 7 contributions for transforming health and social care ET development sessions dedicated to corporate planning</td>
<td></td>
<td></td>
<td>Collaborating with stakeholders to shape future priorities and corporate plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10 RP</td>
<td>There is a risk that the Executive Team and the Corporate Management Team do not create leadership capability and capacity within the organisation resulting in reduced effectiveness in delivering the strategy.</td>
<td></td>
<td></td>
<td>Strategic Plan 2014-20; 2020 Workforce Vision; Everyone Matters action plan; national leadership training programmes open across the organisation.</td>
<td></td>
<td></td>
<td>Re-focus of ET and CMT meetings to be more strategic. Directorate team meetings will formally cascade information from CMT. Capability plan being created as part of three year corporate plan.</td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Type</td>
<td>Description</td>
<td></td>
<td></td>
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<tr>
<td>13</td>
<td>RP</td>
<td>There is a risk that the organisation does not effectively plan for health and social care integration agenda because of lack of understanding of the impact resulting in missed opportunities to drive improvement in health and care. Joint inspection programme with the Care Inspectorate. Joint Board seminar with Care Inspectorate. HIS Chairman is a member of the Care Inspectorate Board. HIS represented at national meetings. Care Inspectorate Chairman is member of HIS Board. Identify Lead Director within HIS. Include within 3-year corporate plan. Horizon scanning by Executive Team. Work continues to review and revise offerings in light of Health and Social Care Integration. Discussions with IJB Chief Officers have resulted in an agreement to run a joint session in December with Care Inspectorate, HIS assurance and IJB CO’s around approach to inspection. Work in place to develop 3 year corporate plan includes a strong focus on our offerings going forward in the integrated space. Our 7 contributions are all focused around health and social care. Work completed to synthesise information across a range of sources to identify key themes for external improvement support and this is feeding the current 3 year corporate plan review. Board meetings are including attendance and presentations which support development of understanding of the wider context we now work in.</td>
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<td></td>
</tr>
<tr>
<td>453</td>
<td>ST</td>
<td>There is a risk that a pharmaceutical company or other interested party will successfully challenge the outcome of an SMC assessment because of a failure to follow due process or Standard operating procedures. QA procedures in place to review the final advice for each submission Where companies receive not recommended advice SMC offers the opportunity for a face-to-face meeting to help companies understand why their Company early engagement review underway.</td>
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</tr>
</tbody>
</table>
disagreement with the published advice, resulting in major reputational damage to SMC and HIS

The product was not recommended, thus enabling appropriate focus for a resubmission. Regular staff training and continued professional development. Review of assessment timelines at pressure pts (e.g. Christmas & New Year) to allow adequate time for assessments.

Regular staff training and continued professional development.

Review of assessment timelines at pressure pts (e.g. Christmas & New Year) to allow adequate time for assessments.

Regular staff training and continued professional development.

There is a risk that Healthcare Improvement Scotland will not be able to register all of the independent clinics that apply prior to 31 March 2107. This will result in these services continuing to operate whilst unregistered and therefore not in compliance with the requirements of the law. These factors affecting this may include unexpectedly high volume of applications or unexpected delays, which are outwith our control, in processing applications. For example, missing documents, no response from referees, delays by other agencies. This risk has the potential to damage the reputation of Healthcare Improvement Scotland.

We have set a date of 1 September 2016 for providers to submit completed applications to register to us. This date was set to ensure that we have enough time to process all of the forms we receive. We have also set up a detailed internal process for registration for all staff to follow to ensure that forms are processed in a timely manner. As part of these processes, staff will set prompts for themselves to remind providers, referees and others to submit the required documentation to us to keep the registration process moving, to allow it to be completed in a timely manner.

We are continuing to work with services to encourage them to submit their applications to register in good time and have set a deadline of 1 September 2016 for submission of completed forms. We are currently telephoning all services who have completed a pre-registration form to encourage them to complete and submit their full registration form, as soon as possible.

We are continuing to work with services to encourage them to submit their applications to register in good time. Our deadline of 1 September 2016 for submission of completed forms has passed and as at 9 November 2017, we have received 66 completed forms. We have telephoned all services who have completed a pre-registration form to encourage them to complete and submit their full registration form.
completed parts of the form, but not all of it, to encourage them to complete other parts.
## Appendix 2 – Very High Operational Risks at 11/11/16

<table>
<thead>
<tr>
<th>Category</th>
<th>Project / Strategy</th>
<th>Risk No.</th>
<th>Risk Dir.</th>
<th>Description</th>
<th>Risk Controls</th>
<th>Net Risk Level</th>
<th>Current Mitigation</th>
<th>Current Update</th>
<th>Date Last Reviewed by Committee</th>
<th>Risk Level August</th>
<th>Current Risk Level (impact x likelihood)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>Service Change</td>
<td>537</td>
<td>RN</td>
<td>There is a risk of insufficient capacity to deliver service change support because of increasing change activity resulting in a failure to deliver a core organisational role consistently</td>
<td>workforce planning, management of team work areas through monthly reporting and sharepoint</td>
<td>Medium - 12</td>
<td>Team session held on 21st October to forecast emerging work areas over next 6-12 months. Risk was discussed at last Directorate Management Team meeting on 27th October and it was agreed to produce a paper for the Scottish Health Council Committee sub group to explore potential options to address this.</td>
<td>High level of scrutiny on the role has continued following parliamentary debates. The role quality assurance role has also been referred to in recent parliamentary questions and responses. There is potential for 4-6 major service changes to become active in the next 6 months. For context there have been 7 major service changes since the current guidance was produced in 2010.</td>
<td>Audit &amp; Risk Committee, 2/11/16</td>
<td>n/a – new risk on report as risk level increased</td>
<td>Very High – 20 4 x 5</td>
</tr>
<tr>
<td>SMC Product Assessment</td>
<td>479</td>
<td>ST</td>
<td></td>
<td>There is a risk that SMC staff become further affected by additional work demands and poor work-life balance due to sustained heavy workloads and staffing shortages resulting in loss of capacity within SMC, an increase in work related staff absence and the potential for operational failure.</td>
<td>Confidential employee counselling service available through HIS HR dept. Time management and stress training management available through HR Vacancy management Internal communications iMatters initiative</td>
<td>High - 16</td>
<td>SMC improvement programme. Staff training Review of assessment timelines at pressure points (e.g. Christmas &amp; New Year) to allow adequate time for assessments.</td>
<td>Increases in staff turnover and long term sick leave have added significant workload pressure to SMC staff team.</td>
<td>Audit &amp; Risk Committee, 2/11/16</td>
<td>n/a – new risk on report as risk level increased</td>
<td>Very High – 20 4 x 5</td>
</tr>
</tbody>
</table>
1. Corporate Risks

### New risks on the report since August

| No new risks |

### Risks that have left the report since August

| 14 | Driving Improvement in Healthcare Strategy 2014-20 | There is a risk that HIS fails to develop an organisational culture focussed on continuous improvement because of lack of understanding of techniques and knowledge required to deliver the strategy resulting in HIS not becoming a high performing organisation. | Risk closed and replaced by two operational risks rated medium and assigned to the Internal Improvement Programme: Risk 582 - There is a risk of damage to the organisational credibility because our staff are unable to apply QI techniques internally to create a culture of continuous internal improvement resulting in external organisations not taking our work seriously. Risk 583- There is a risk that we do not use our resources, including staff, as efficiently as possible because we have failed to reduce waste in the system resulting in sub-optimum use of resources to deliver our strategy. |
| 522 | Reputational/credibility | There is a risk that there is insufficient clarity between the respective roles of the Accountable Officer (AO) and the Acting Chief Executive (ACEO) resulting in confusion and under delivery of the organisation's strategy. | Risk closed – ACEO appointed as AO |

### Risks with increased risk level on report since August

<p>| 9 | Driving Improvement in Healthcare Strategy 2014-20 | There is a risk that our work does not take account of the longer term, wider and evolving external environment because of a lack of horizon scanning, organisational appetite or capacity for change resulting in missed opportunities and reputational damage. | Risk increased from low to medium |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Department</th>
<th>Description</th>
<th>Risk Level Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>454</td>
<td>SMC Product Assessment</td>
<td>There is a risk that SMC is unable to accept beneficial new medicines for use in a timely manner because of sustained high level workload, leading to political and/or public criticism and resulting reputational damage.</td>
<td>Risk level increased from medium 9 to medium 12</td>
</tr>
</tbody>
</table>

**Risks with decreased risk level on report since August**

<table>
<thead>
<tr>
<th>No.</th>
<th>Department</th>
<th>Description</th>
<th>Risk Level Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>455</td>
<td>SMC Product Assessment</td>
<td>There is a risk of stakeholders disengaging from the work of SMC because of lack of confidence in the assessment methodology (e.g. further external reviews of SMC), resulting in SMC being unable to deliver its functions.</td>
<td>Risk level decreased from medium 12 to medium 8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Department</th>
<th>Description</th>
<th>Risk Level Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>409</td>
<td>Corporate</td>
<td>There is a risk that HIS will make an incorrect assessment/regulatory response, which we are unable to defend when challenged. This may result in loss of reduction in our credibility with stakeholders and/or legal action taken against us as an organisation. This may also result in a serious incident within a healthcare setting.</td>
<td>Risk level decreased from medium 12 to medium 10</td>
</tr>
</tbody>
</table>

**2. Very High Operational Risks**

<table>
<thead>
<tr>
<th>No.</th>
<th>Department</th>
<th>Description</th>
<th>Risk Level Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>479</td>
<td>SMC Product Assessment</td>
<td>There is a risk that SMC staff become further affected by additional work demands and poor work-life balance due to sustained heavy workloads and staffing shortages resulting in loss of capacity within SMC, an increase in work related staff absence and the potential for operational failure.</td>
<td>Risk level increased from high to very high</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Department</th>
<th>Description</th>
<th>Risk Level Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>537</td>
<td>Service Change</td>
<td>There is a risk of insufficient capacity to deliver service change support because of increasing change activity resulting in a failure to deliver a core organisational role consistently.</td>
<td>Risk level increased from high to very high</td>
</tr>
<tr>
<td>Risk ID</td>
<td>Location</td>
<td>Description</td>
<td>Risk level</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>538</td>
<td>Improvement Fund</td>
<td>There is a risk of an underspend on the Improvement Fund budget because there are too few awards with high enough levels of committed spend during 2016/17 resulting in the 16/17 budget not being fully utilised.</td>
<td>Reduced to low</td>
</tr>
</tbody>
</table>

**Risks with increased or decreased risk level on report since August**

No risks
Risk appetite definition

Risk appetite is the amount of risk we are prepared to accept, tolerate or be exposed to at any point in time. To facilitate this, we must take balanced decisions which weigh the long term rewards against any short term costs.

Below are the risk appetite classifications that will be used to help identify and define our response to risk that is proportionate to our risk profile and business objectives.

Risk appetite (classification)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>Willing to consider all options and chose the one that is most likely to result in success, while also providing an acceptable level of reward.</td>
</tr>
<tr>
<td>Cautious</td>
<td>Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.</td>
</tr>
<tr>
<td>Minimalist</td>
<td>Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.</td>
</tr>
</tbody>
</table>

Periodically (at least annually), the Board will consider its risk appetite against different categories of risk that it is exposed to. The current risk appetite, by risk category, has been agreed by the Board of Healthcare Improvement Scotland (November 2015), as follows:

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Description (can include but not limited to):</th>
<th>Risk appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>• risks which impact on the ability to meet project/programmes objectives (including impact on patient care)</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td>• risks which lead to incidents or adverse events that could cause injury (health and safety)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• risks which could impact on the availability of business systems and therefore the organisation's ability to perform key functions (technological)</td>
<td></td>
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<tr>
<td></td>
<td>• risks which impact on the implementation of staff governance.</td>
<td></td>
</tr>
<tr>
<td>Financial/Value for money</td>
<td>• risks which impact on financial and operational performance (including damage / loss / fraud).</td>
<td>Cautious</td>
</tr>
<tr>
<td>Reputational/Credibility and Strategic</td>
<td>• risks which have an impact on the reputation/credibility of the organisation.</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td>• Could also include uncertainties caused by changes in health policy and government priorities.</td>
<td></td>
</tr>
<tr>
<td>Compliance/Regulatory and Legal requirements</td>
<td>• risks which impact on achieving compliance with legislation, regulation, legal requirements.</td>
<td>Minimalist</td>
</tr>
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<td>---------------------</td>
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</tr>
<tr>
<td>20-25 – Very High</td>
<td>Intolerable level of risk exposure which requires immediate action to be taken to reduce risk exposure</td>
<td>16-25 – Very High</td>
</tr>
<tr>
<td>13-19 – High</td>
<td>Significant level of risk exposure that requires constant active monitoring and action to be taken to reduce exposure</td>
<td>11-15 – High</td>
</tr>
<tr>
<td>8-12 – Medium</td>
<td>Acceptable level of risk exposure subject to regular active risk monitoring measures</td>
<td>6-10 – Medium</td>
</tr>
<tr>
<td>1 – 7 - Low</td>
<td>Acceptable level of risk exposure on the basis of normal operation of controls in place.</td>
<td>1 – 5 - Low</td>
</tr>
</tbody>
</table>

**Likelihood**

- **OPEN**
  - 5
  - 10
  - 15
  - 20
  - 25

- **CAUTIOUS**
  - 5
  - 10
  - 15
  - 20
  - 25

- **MINIMALIST**
  - 5
  - 10
  - 15
  - 20
  - 25

**Impact**

- **OPEN**
  - 1
  - 2
  - 3
  - 4
  - 5

- **CAUTIOUS**
  - 1
  - 2
  - 3
  - 4
  - 5

- **MINIMALIST**
  - 1
  - 2
  - 3
  - 4
  - 5
SUBJECT: Measuring Our Progress Report - October 2016

1. Purpose of the report
This report is to advise the HIS Board of the organisation’s progress towards achieving the objectives agreed within the Healthcare Improvement Scotland (HIS) 2016-17 Local Delivery Plan.

The report format has changed to measure progress against outcomes as agreed with the Board at its meeting in June 2016.

2. Key Points
- The report is set out against the organisation’s 7 contributions to transforming health and social care.
- The revised reporting format was devised following discussions with the Board about the need to measure the impact of the work in the LDP. The format was approved by the Quality Committee at its meeting in July 2016 along with the Outcomes Framework that underpins the evaluation of the work.
- The organisation is currently transitioning to measuring its work against outcomes rather than outputs. All work streams in the report can identify activities but as yet, not all of the work has agreed indicators and outcomes. Progress is being made to ensure that this is resolved but in the meantime some work is identified in the report as requiring additional work or support to develop indicators and outcomes. This work is expected to be complete by March 2017.

3. Actions/Recommendations
The HIS Board is asked to:
- review the new format performance management report against the 2016-17 LDP
- note that progress is cross referenced with the operational risk register as appropriate and have been captured in this report where a very high risk has been recorded
- provide feedback to the Executive Team regarding the usefulness of this report and any suggestions for further improvement.

If you have any questions about this paper please contact Maggie Waterston, Director of Finance and Corporate Services. (margaret.waterston@nhs.net 0131 623 4608)
### SUPPORTING INFORMATION

#### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project with associated very high risks have been identified within this paper.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>This report measures progress toward achieving the objectives set within the LDP which will support the Corporate Plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>This report reflects the project deliverables of HIS during 2016-17. It is all planned within the organisation's resource allocation.</td>
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<td>What engagement has been used to inform the work?</td>
<td>The LDP is subject to engagement with both internal and external stakeholders during its development.</td>
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<td>What Equality and Diversity considerations relate to the work? Advise how the work:</td>
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<td>• helps the disadvantaged;</td>
<td>Work is ongoing to ensure our commitment to equality and diversity is fully embedded within our work and ensures that our activity and recommendations promote equality and eliminate discrimination. These principles will be applied to all aspects of our planned work.</td>
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<td>• helps patients;</td>
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<td>• makes efficient use of resources.</td>
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Operational Performance Report by Contribution

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**Contribution 1 - supporting person centred care, empowering and enabling citizens to have a meaningful say in the design, planning and provision of health and social care services in Scotland.**

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| Personal Outcomes | Take forward the Personal Outcomes Partnership with Thistle Foundation offering facilitated development to staff working with people to enhance focus on assets and personal outcomes. | The Personal Outcomes Partnership, hosted by the Thistle Foundation, is working to improve people’s lives and build resilient communities by working to embed a personal outcomes and asset based approach in health and social care and within communities across Scotland. | In the period from the beginning of April to end of June 181 practitioners from across health, social care, and the voluntary and independent sectors in Scotland have participated in practice development sessions. This has included:  
- ‘Making it personal’ courses in Edinburgh and Glasgow  
- ‘Training others in personal outcomes’ – a nine day course to build capacity amongst practitioners to support the embedding of personal outcomes into practice  
- Tailored work with local partnerships – Fife, Midlothian and Borders  
- Tailored work with local organisations – GCVS, Lothian Centre for Integrated Living and Health in Mind | Systems are in place to capture experience of participants.  
Work is underway to develop evaluation of impact of this staff development work. | The following are a sample of quotes taken from people who have participated in the above sessions:  
- Fantastic training and course material. Went from feeling ‘ah!!’ to “I can do this”  
- In order to do this will take some practice but feel over time as my ability and confidence grows – this will enable me to support others  
- I feel more confident in my ability to have ‘good conversations’ and taking this forward with my teams because of all the opportunities we had in our groups to practice conversations and scenarios  
- Overall feel I have a greater understanding and therefore confidence in conversations/reflecting and the whole concept of a personal approach  
- A lot of info to process, many new tools to get myself more familiar with. First get more familiar with new tools myself & implementing it, then others  
- Course is very intense and challenging, hugely important in promoting positive cultural change  
- I understand how to use the skills & techniques but will have to work on using them alongside my own skills | Ruth Glassborow | 191,500 |
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<td>SHC Citizen Voice Hub</td>
<td>Ensure the roll out of the Our Voice Hub initiative to help achieve a stronger voice for users, carers and the public in health and social care, maximising the opportunities for alignment with other work in HIS.</td>
<td>This service is to assist SHC, HIS and Scottish Government undertake innovative engagement with users, carers and the public to improve health and social care services for NHS Boards and Integrated Authorities</td>
<td></td>
<td>• Develop an Our Voice Citizens’ Panel broadly representative of the people of Scotland. • Panel recruitment report, setting out approach to recruitment and demographic profiling of members, to be produced. • Develop appropriate surveys for Our Voice Panel. • Set, maintain and develop an e-participation platform and an interactive website for Our Voice. • Strengthen how the voices of children and young people are heard through the Our Voice framework e.g. through capacity building. • Strengthen the support for gathering and analysis of intelligence re people’s views on health and social care issues.</td>
<td>• An increase in the number of people contributing insights and lived experience to help inform the delivery of public services. • Increased support to enable local joint strategic commissioning for health and social care to be grounded in the voice and lived experience of local people. • An increase in the spread of ideas, models, technology and good practice around the promotion of people’s voices within health and social care planning and delivery.</td>
<td>• National Our Voice Citizens Panel successfully recruited with over 1,200 members. • Panel recruitment report, setting out approach to recruitment and demographic profiling of members is now on website. • First Panel survey currently being finalised for issue in October. • A webex working group has been established to inform the development of an e-participation platform and an interactive website for Our Voice. • ‘Voices’ Training is being adapted to engage with children and young people as both tutors and participants. • We have recruited a Research Analyst who will be taking up a year post in mid-Nov.</td>
<td>Richard Norris</td>
<td>292,264</td>
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<td>SHC Public Involvement Unit</td>
<td>Continue to ensure HIS meets its equality duties and the Duty of User Focus and generally demonstrate good practice in involving users, carers and the public in its activities.</td>
<td>Internal colleagues, public partners, external stakeholders including the general public and voluntary/third sector organisations.</td>
<td></td>
<td>1. Delivery of 1 x Equality and Diversity induction session to 8 colleagues. 2. Delivery of 2 x Making the Most of Working with Public Partners sessions to 12 colleagues. 3. We have held 3 x Public Involvement Expert Group sessions for public partners and staff in each of Overarching Medicines and Technology (now extended to Evidence Directorate), Safety and Improvement and Quality Assurance. 4. We are beginning the revalidation process for the Investing in Volunteers Award. 5. We are beginning to scope our equality outcomes for 2017-21. 6. We are consulting with staff on our draft corporate parenting plan.</td>
<td>1. Evaluation of feedback from trainers and participants. 2. Feedback from staff and public partners to evidence improved confidence and support for involvement. 3. Public partners and staff report improvements to involvement in our work. 4. Achieve reaccreditation against the IIV award for the 3rd time, evidencing continued improvement in support for public partners. 5. Public Sector Equality Duty reporting requirements delivered on time and demonstrating progress. 6. Staff responses to draft plan and consultation questions.</td>
<td>1. Online module covering health inequalities and human rights introduced to support learning in group sessions. 2. 100% positive feedback. 3. Changes have been made to the role and terms of reference of the Overarching Medicines and Technology Public Involvement Expert Group to ensure it supports involvement across the Evidence Directorate. 4. We are drafting our self assessment against the IIV standard with public partners and colleagues for submission in time for a January 2017 revalidation panel. 5. We are scoping our new equality outcomes working initially with members of our Equality and Diversity Working Group and planning the process to publication of our equality mainstreaming report by April 2017. 6. Consultation closes 1/12/2016.</td>
<td>Richard Norris</td>
<td>189,538</td>
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| SHC Volunteering    | Provide national leadership and guidance to ensure long term vision and consistency of approach and support for volunteering across NHSScotland, and this support may extend in time to integration authorities. | Citizens, patients, carers, families & communities NHSScotland, integration joint boards, health & social care partnerships, third sector, housing & independent sector |                      | 1. Deploy Volunteering Information System to remaining NHS Boards (by Mar 2017)  
3. Delivery of training to users (one session per month)  
4. Network meetings (Oct and Feb)  
5. E-newsletters (four throughout year)  
7. Review and publish an updated Needs Analysis of volunteer management in NHSScotland (Dec 2016)  
9. Improvement support delivered to NHS Boards to reduce the length of the volunteer recruitment process (Mar 2017) | 1. New NHS Boards using the system. User feedback.  
2. Updated training manual published.  
3. Number of users trained, positive feedback from sessions.  
4. Attendance and feedback from meetings.  
5. Number published, read rate, click through Publication of handbook.  
6. Publication of report.  
7. Production of report, feedback from strategic leads.  
2. As above.  
3. 11 users trained in August and September.  
5. Second issue end Aug to 163 individuals. 35.5% opened, 13.8% clicked links.  
6. Pending.  
7. Survey issued to volunteer managers. Nine responses so far.  
9. As above. Pursuing SHOW for progress report. | Richard Norris | 100,000 |
| SHC Service Change  | Provide advice and support to NHS Boards on involving patients and communities in service change processes, in line with Scottish Government guidance. | NHS Boards have a statutory duty to involve patients and the public in the planning and development of health services and in decisions which will significantly affect the operation of these services. This is a Scottish Health Council core function. NHS Boards are provided with advice and support on the involvement of people in service change in line with current Scottish Government guidance. In turn, helping to provide assurance that the NHS engages with the public and patients in the design and delivery of its services. | Risk No:537 - There is a risk of insufficient capacity to deliver service change support because of increasing change activity resulting in a failure to deliver a core organisational role consistently | 1. Team evaluation undertaken on support and advice provided to NHS Boards on service change. Feedback used to develop practice and demonstrate continuous improvement.  
2. Quality assuring NHS Lanarkshire’s public consultation on its healthcare strategy which includes proposed changes to Orthopaedic services. Consultation is due to finish on 1st November. We will produce our quality assurance report on the process ahead of NHS Lanarkshire’s Board meeting on 30th November 2016.  
3. Support to NHS Greater Glasgow and Clyde on four change proposals which have been discussed in parliament and have received significant media and public attention. Currently undertaking engagement activity on all four proposals. Scottish Health Council will expect to provide a view on the level of change in the coming months.  
4. Involved in over 35 active service changes. | 1. Advice and support provided is valued and viewed positively  
2. Evidence of supporting change across NHS Boards  
3. Feedback demonstrates that people feel informed and engaged in change processes | 1. Positive feedback received. 18 responses provided from 11 NHS Board areas. 83% of respondents rated the support provided by the team positively. Further feedback has been used to inform a team development plan, and iMatter action plan. The report was shared with NHS colleagues in July and will be used to support best practice.  
2. On track to produce quality assurance report for NHS Lanarkshire healthcare strategy by 25th Nov  
3. Currently in discussions with NHS GG & C with a view to SHC providing a view on status of change proposals in November  
4. Currently involved in 35 service changes | Richard Norris | 188,852 |
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| SHC Community Engagement and Improvement Support | Provide tailored advice and improvement support to 21 NHS Boards/Special NHS Boards. Work to develop and support Peer Networks and build capacity for communities to be involved in the design and delivery of health and care services. | Citizens, patients, carers, families and communities. NHS Boards, Integration Joint Boards, Health & Social Care Partnerships, Scottish Government and other national organisations. | 1. The Scottish Health Council’s 14 local offices are:  
- supporting NHS Boards to improve and develop their public engagement activities  
- providing guidance and training to NHS Boards on the use of engagement tools and techniques and use of our Participation Toolkit  
- promoting public involvement in primary care and supporting peer networks such as Patient Participation Groups (in general practice) to either establish or develop.  
2. Local Offices will promote and assist with the development of local peer networks as a means of supporting engagement activities. New peer networks are currently being set up for:  
- Integration Joint Board public representatives  
- Health & Social Care Engagement staff leads.  
3. Local offices will build the capacity of individuals and local communities so they are supported to be engaged and have their voice heard. We will use Chest Heart & Stroke Scotland’s capacity building tools, sessions and module for ‘Building a Case for Change’. | 1. Advice and support provided to NHS Boards is viewed positively and adds value to their engagement process and plans.  
2. Increased capability and confidence amongst NHS Board staff to deliver public engagement activities using the Scottish Health Council’s Participation Toolkit.  
3. Primary care practitioners demonstrate an increased knowledge and skills to engage with patients and the public.  
4. Increased access for patients and public representatives to have support through access to peer networking.  
5. Engagement leads working within health and social care structures have access to peer networking for support and shared learning.  
6. Local communities, patients and the public demonstrate the knowledge, skills, confidence and capacity to engage.  
7. Local communities, patients and the public have successfully developed a “Case for Change” in local services. | • There are approximately 42 ongoing projects which local offices are currently supporting NHS Boards with.  
• There are currently 6 national projects pending where local offices have been asked to gather views across Scotland – all are at various ‘request for support’ stages, namely:  
1. Community Eyecare Services National Review (views gathered for the Scottish Government)  
2. NHS Informs Remote and Rural Feedback (views gathered for NHS 24). This project of running 4 discussion groups in remote and rural areas has now commenced.  
4. NHS Performs Feedback (views gathered for NHS National Services Scotland)  
5. Taking service user and public views into account when health and social care services are being reviewed (views gathered for the Scottish Health Council). Four discussion sessions have been run and views gathered – report of project being prepared. Potential to run further sessions to obtain Scotland wide coverage of views.  
6. Requests from health and social care staff for training on any of the 32 techniques contained in our Participation Toolkit continues and are being responded to by local offices.  
7. Local offices continue to promote public involvement in primary care. Within general | Richard Norris | 1,442,960 |
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<td>SHC Community Engagement and Improvement Support (CONT)</td>
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<td>practice around 15 Patient Participation Groups (PPGs) are currently being assisted to establish and/or develop either using our “Start Up Guide” or “Development Tool”.</td>
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<td>• Work continues to promote public involvement in general practice through the Royal College of GPs and with the Scottish Government (for objectives within the GP Contract for 2017).</td>
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<td>• Supported 6 PPGs to produce and publish videos of their activities and examples of good practice of activities collated and published.</td>
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<td>• Arranged networking events for Patient Participation Groups in Grampian and Lothian as a trial and pilot exercise. Plans to test out in other areas.</td>
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<td>• Initial training cohort (8) of Local Officers trained in delivery of Chest, Heart &amp; Stroke Scotland capacity building tools (Voices Scotland). Remaining Local Officers (13) will be trained during October 2016.</td>
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<td>• 15 Voice Scotland sessions now delivered across health and social care sessions either using full training package (2-3 days) or individual modules (single day).</td>
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<td>• Programme Manager for Our Voice (Peer Networks) now appointed – part of role is to take forward development of peer networks based on feedback received from recent events and test sites where small scale events (covering Tayside, Fife, Grampian and Shetland) have tested the approach and format.</td>
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<td>• Joint working progressing with the Carers Coalition and The Alliance to run a conference in 2017 for Integration Joint Boards Public Reps.</td>
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<td>Person Centred Health and Care programme</td>
<td>Providing support to health and care organisations to build the capacity and skills in using person-centred and co-design approaches to improve care experience, and design services based on what matters to people. Developing the capacity within HIS improvement programmes to incorporate clear &amp; relevant person-centred and involvement principles in their design and delivery</td>
<td>NHS boards and integration Joint Boards: NHS Lanarkshire NHS Western Isles NHS Tayside NHS Greater Glasgow &amp; Clyde NHS Ayrshire &amp; Arran North Lanarkshire IJB Third &amp; Independent Sector: IRISS, The Alliance Scotland NES SG Person-centred Care Team Citizens, patients, carers, families &amp; communities</td>
<td>NHS boards and integration Joint Boards: NHS Lanarkshire NHS Western Isles NHS Tayside NHS Greater Glasgow &amp; Clyde NHS Ayrshire &amp; Arran North Lanarkshire IJB Third &amp; Independent Sector: IRISS, The Alliance Scotland NES SG Person-centred Care Team Citizens, patients, carers, families &amp; communities</td>
<td>1. Testing a model for identifying and implementing improvements in person-centred care directly resultant from collection of real-time care experience feedback from patients and families at point of care and right-time-feedback post discharge. (this also support is 'Our Voice' work plan objective 3 - supporting integration partners to maximise the use of feedback from individuals at local level to drive improvement) 2. Testing Experience Based Co-design (EBCD) methodology as a collaborative and co-produced approach to service improvement and re-design within health and social care settings (also supporting 'Our Voice' work plan objective 3 as above) 3. Co-designing a qualitative thematic coding framework with NHS Boards for analysing care experience real-time and right time feedback. 4. Develop and test guidance/framework to support improvement programmes to incorporate person-centred practice principles into their design 5. Co-producing and co-ordinating the national 'What matters to you?' day campaign</td>
<td>1a. an improvement infrastructure is in place within each test organisation that ensures care experience feedback is routinely captured, analysed and considered, and informs improvement activities. 1b. Patients, families and carers report public services consider what matters to them and care experience and services are improving. 2a. Increased capability and confidence within health and care services testing EBCD methodology to co-design services together with people who receive care and support. 2b. People who receive services are enabled and empowered to co-design improvements in local care and services. 3. Increased confidence and competence of Public Sector staff to effectively analyse and report on qualitative feedback of care experience. 4a. Improvement programmes have incorporated clear and relevant person-centred principles and measures, appropriate to their context. 4b. Programme teams demonstrate the required knowledge and skills to practically apply person-centred and involvement principles with the delivery of programmes. 5. A minimum of 400 registrations to participate and 100 feedback responses are received during the 2016 What Matters to You? campaign</td>
<td>1a. All five testing Boards have developed and are testing a bespoke improvement infrastructure capturing, analysing and reviewing either real-time or right-time care experience feedback. 1b. Patients are being asked in all test sites about what matters to them. Specific evaluation will be carried out in November/December to independently ask people about their view of the improvement infrastructures developed and whether services are improving. 2a. A range of practical training has been designed and is being delivered along with the stages of the methodology for partners from health, social care and 3rd sector involved in testing EBCD. 2b. Patients and carers are now being interviewed in stage 2 of the EBCD process in North Lanarkshire UB and Ayrshire. Specialist Dementia Units are still at the set up stage 1 as they started later. 3. A qualitative analysis workshop has been held for participating health care staff. Further work on designing a qualitative coding framework has now commenced. Individual Board visits will be carried out between October and December to understand the complexities of qualitative data collection and analysis in each participating site. 4a. An improvement involvement framework has been drafted and a test is currently being designed with a range of HIS improvement programme teams. 4b. A learning needs assessment around person-centred practice is now being designed and will be delivered in November. 5. The campaign was designed and implemented for 6 June.</td>
<td>Ruth Glassborow</td>
<td>437,774</td>
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<td>Person Centred Health and Care programme (CONT)</td>
<td>Working with a range of partners, including those in the third, independent and housing sectors, and supporting them to combine the mutual strengths, capacities and assets of statutory and non-statutory organisations, professionals, service users, carers and communities to achieve positive change and better outcomes for individuals.</td>
<td>-</td>
<td>-</td>
<td>• Scottish Social Attitudes Survey findings published (August 2016) highlighting that the majority of people in Scotland (96%) feel that people should be involved in making decisions about the design and delivery of local public services – promotion and support provided, enabling a Ministerial visit to a community example of co-production to coincide with the launch. • Internal taster sessions developed and delivered with OD (Autumn 2016), including a specific Clinical Directorate session on co-production, to develop internal capacity and in turn, the capacity of IJBs. • Continued close working with the Scottish Co-production Network, and its Reference Group, to support development of their aims and membership to wider range of public services including IJB representation. • Planning and support for Co-production week (November 2016) underway - workshops, learning events and a roundtable discussion to support development of shared vision. • Planning and development of ‘100 stories’ concept supporting co-production policy and practice in Scotland, seeking to strengthen a collective voice, especially around wider system changes including health and social care.</td>
<td>• Attendance and evaluations of internal taster sessions • Numbers of requests from a range of partners and sectors to develop or build on their understanding and capacity for co-production.</td>
<td>The campaign succeeded attracting 527 registrations and 153 feedback responses. - A campaign report is being finalised for publication in October. - Two conversation cafes were held to support evaluation of the impact of this campaign and a flash report is being generated. - A working group is now meeting to plan</td>
<td>Ruth Glassborow</td>
<td>78,931</td>
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### Contribution 2 - providing strong and comprehensive assessments of the quality of health and social care in Scotland, which encapsulate wider factors impacting on the quality of care such as leadership and effectiveness.

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<td>Scrutiny of Prisoner Healthcare</td>
<td>Provide clinical expertise to the inspection programme of prisons in Scotland.</td>
<td>• Citizens, patients, carers, families &amp; communities</td>
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<td>• The report for the inspection to HMP Barlinnie on 16-27 May 2016 published on Her Majesty's Inspectorate of Prisons website in September 2016.</td>
<td>• Publication of inspection reports within publication timelines. • Development of revised quality indicators to inspect against. • Contribution to improving the provision of healthcare for prisoners in Scotland.</td>
<td>• We have completed 2 inspections this year to date, with further inspections and follow ups planned for later this year. • We are currently identifying representatives for the short life working group to review the quality indicators.</td>
<td>Claire Sweeney</td>
<td>£115,505</td>
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<td>Strategic Inspection of Adult Services</td>
<td>Undertake joint inspections with the Care Inspectorate.</td>
<td>Citizens, patients, carers, families &amp; communities NHS boards, integration joint boards, health &amp; social care partnerships, third sector, housing &amp; independent sector Care providers &amp; support staff in health &amp; social care \Independent care providers Scottish Parliament &amp; Scottish Government Local Government Other national organisations Our staff</td>
<td></td>
<td>• Review the methodology; Glennie/Wiseman review. • Parts of the methodology review being tested across 3 inspections 16/17 - Orkney, Edinburgh, Borders • Establish operational management group, with shared leadership from CI and HIS, to oversee development of revised methodology. • Develop and agree principles of new approach to inspections, and endorsed by external High Level Advisory Group • Mapped national standards to the new framework. • Development of framework to underpin approach to inspections, with a clear focus on supporting improvement. • Improving approach to file reading, engagement with service users, carers and their family, scoping and report writing. • Tightening approach to QA of whole process. • New programme of joint strategic inspections in place from April 2017 to provide assurance about the quality of joint strategic commissioning and integrated services. • Completion of 3 inspections in 2016/17, including tests of new methodology. • Clear plan for inspections developed by December 2016 and include in national Shared Risk Assessment. • Shorter and more focused inspection. • Better engagement with and feedback from partnerships beyond the inspection process. • Published framework which is useful to partnerships beyond the inspection process. • Balanced report covering both health and care. • Resourcing for new approach viewed as appropriate by both HIS and CI; • Positive feedback from stakeholders on the new methodology. • Report which has more impact and a greater focus on bright spots. • More sophisticated use of data as a central part of scoping and reporting.</td>
<td>• The strategic inspections of adult services programme is outputs focused at the present time as we are developing the operational methodology for the work. • Operational group in place. • Core principles for new approach developed by operational group and endorsed by High Level Advisory group. • Orkney inspection underway • Edinburgh inspection currently scoping and about to start by mid October. • Development of core resources underway, including scoping, framework, guidance for inspectors, mapping national drivers and standards to the agreed focus areas for inspection. • Shared ownership of and commitment to the developing approach across CI and HIS. • Signal of positive relationship to develop new approach.</td>
<td>Claire Sweeney</td>
<td>£364,956</td>
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| Joint Inspection of Children’s Services | Led by the Care Inspectorate, HIS works in partnership with Education Scotland and Her Majesty’s Inspectorate of Constabulary Partners in the multi-agency strategic inspections of services for children. In addition to being part of the core team, ensure strong and effective clinical assurance of the inspection. | Patients and their relatives, carers and public partners |  | • Contribute to 6 inspections per year to provide the health expertise for joint inspection of children’s services. These inspections are led by the Care Inspectorate and follow the children’s journey of care through health and social care services. The footprint of these inspections takes place over 6 months.  
• Source clinical expertise, as appropriate, to 6 inspections per year to ensure the appropriate clinical expertise is available to support these inspections.  
• Contribute to the review of the inspection methodology to ensure a robust, risk based and proportionate approach is undertaken to inspect health services. | • To ensure strong and effective clinical input to the multi-agency inspections led by the Care Inspectorate for children’s services.  
• To contribute to inspections of children’s services to provide assurance to the public, support agencies to improve and identify areas of good practice. | • 2 inspections have been completed and reports are being drafted.  
 • A further 2 inspections commenced at the beginning of August. | Claire Sweeney | £211,518 |
| HEI Inspections | Undertake further HEI inspections under the revised HAI Standards, including theatres. Manage and carry out wider assessment of the progress in the delivery of Lord Maclean’s recommendations arising from the Vale of Leven Inquiry. | Patients and their relatives, carers and public partners |  | • Successful delivery of 8 inspections throughout August and September. A further 4 inspections are planned for October.  
• Prior to the last Board meeting HIS submitted a paper to the CNO on a proposal for quality assurance visits to be undertaken as part of the Vale of Leven work. A follow up meeting is due to take place in October to further discuss the proposal.  
• The inspectorate has instigated follow-up meetings with NHS GGC following the inspections to Gartnaval theatres and the Royal Hospital for Children to discuss inspection outcomes and improvements.  
• HEI met with members of NHS Borders executive team and clinicians for a discussion regarding their experience of HEI theatre inspections.  
• HEI met with NHS Forth Valley on 28 September to explore options where HEI can support the board outside of the inspection cycle.  
• The HEI and OPAH teams are currently in discussion with NHS Grampian regarding presenting at a master class in November. | • Successful undertaking of the planned inspections with delivery of the inspection reports to time and quality.  
• Progression of the mapping and subsequent delivery of the Vale of Leven work. Further indicators of success under development.  
• Continued engagement with NHS boards to provide advice and guidance on best practice and to aid in the continuous improvement of inspection activities. | • Inspection programme continues to be delivered as planned and to time and quality.  
 • A proposal has been accepted internally at HIS to further the Vale of Leven work and is now awaiting approval from the Vale of Leven implementation group.  
 • Engagement with the boards is ongoing and feedback received from colleagues in the boards suggests that this two-way engagement is invaluable. | Claire Sweeney | £442,392 |
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<tr>
<td>Medical Revalidation</td>
<td>Undertake further national assessment of the progress in medical revalidation in Scotland.</td>
<td>Patients and all members of the public to provide assurance that their doctors are up to date and fit to practice. NHS Boards, Hospices and independent organisations whose Responsible Officer (RO) has the Chief Medical Officer as their RO. Scottish Government, GMC, NES, NSS. This is part of a four nations programme of work.</td>
<td>• Review of self assessment (governance information/data) and evidence documentation analysis from 45 organisations; • 2 panel meetings running simultaneously for 2 days; • Local report prepared for each organisation and an overall national report</td>
<td>• Success is measured on data collected as part of the annual EQA process as comparisons are made to identify improvements or highlight areas that need to be addressed/improved for the next EQA cycle. • Indicators of success are reviewed both on an organisational and national level.</td>
<td>• Annual action points are provided for each organisation. • The panel reviews the actions and recommendation to check that they have been addressed and implemented. • Assurance provided to the public that their doctors are up to date and fit to practice.</td>
<td>Claire Sweeney</td>
<td>£30,000 (provided specifically from SG outwith HIS general allocation) Total costs £87,248</td>
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<td>Management of Controlled Drugs Governance</td>
<td>Maintain and publish the register of controlled drugs’ accountable officers in Scotland and provide external quality assurance of the governance arrangements in place within each designated body in Scotland to ensure the safe management of controlled drugs.</td>
<td>NHS boards, Independent care providers Scottish Parliament &amp; Scottish Government Other national organisations Our staff</td>
<td>• We presented a proposal that Healthcare Improvement Scotland collaborates with colleagues in NHS boards, on a joint project to strengthen our current approach to learning nationally from adverse events that have involved medicines and undertake a national thematic analysis to the Controlled Drugs Accountable Officers (CDAOs) National Network and successfully gained their support for this work and an agreement that the CDAOs could use the opportunity to encourage more consistent reporting of controlled drugs incidents in primary care and community pharmacies. • Improved reporting of controlled drugs incidents in primary care and community pharmacies should lead to a more comprehensive data set for the study leading to better quality outputs and more useful national learning.</td>
<td>• Up to date and accurate information held in the register which is publically available on our website. • Demonstrable sharing of learning and identification of trends related to adverse events by providing NHS board Controlled Drugs Accountable Officers with information on adverse events occurring in independent healthcare organisations. • Raised awareness among this staff group by providing them with information on relevant medicines activity.</td>
<td>Our activities have contributed to the following outcomes in our outcomes chain • Care providers have sufficient knowledge &amp; confidence to help shape services • Learning &amp; experience is shared across the service locally &amp; nationally</td>
<td>Claire Sweeney</td>
<td>15,954</td>
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<td>Human Tissue Bank Accreditation</td>
<td>Undertake accreditation of the regional tissue banks and external quality assurance of the satellite boards.</td>
<td>Patients, families and communities. NHS boards, Chief Scientists Office (CSO) Scottish Government. National and international research collaborations.</td>
<td>-</td>
<td>Following review by the Expert Panel all 4 Human Tissue Banks in Scotland have been awarded accreditation for a further 3 years. All NHS Board Chief Executives and R&amp;D Directors have been written to with guidance about the terms under which accreditation is applicable. A short National Summary Report is in draft and is planned for publication in December 2016.</td>
<td>Success is measured on whether the NHS Board is awarded accreditation. Bank Assurance to the public that Human Tissue Banks are operating appropriately and to a high standard.</td>
<td>• NHS board Human Tissue Activity is measured against a set of quality standards of operation following the journey of the tissue from the consent process through to disposal. • All areas of the quality standards need to be met in order to achieve accreditation status. • As this is a three year accreditation programme an annual declaration is required from each regional tissue bank to notify Healthcare Improvement Scotland of any activity that may affect the NHS board's accreditation status.</td>
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<td>Regulation of Independent Healthcare</td>
<td>Ensure effective and successful extension of regulatory powers to include independent clinics, with all independent clinics registered by 31 March 2017. Continue programme of inspections for independent hospitals which includes hospices and private psychiatric hospitals.</td>
<td>Citizens, patients, carers, families &amp; communities; independent healthcare providers; Scottish Parliament &amp; Scottish Government; other national organisations</td>
<td>-</td>
<td>We continue to regulate the services we currently regulate. In addition, we are in the processes of registering independent clinics. Our deadline of 1 September 2016 for the return of completed applications to register to allow us to ensure we have adequate time to register all the clinics, has now passed as at 3 November 2016, we have only had 65 completed application forms out of anticipated total of approx. 400-500 services. 262 services have completed a pre-registration form indicating they need to register and these services have access to our online portal to complete their application. We are engaging by 1:1 telephone conversations all 500 services to encourage those who have not started their application to do so as soon as possible. In light of the slow uptake of applications to register we have revised our budget accordingly.</td>
<td>Registration of all independent clinics by 31 March 2016. Continued regulation of current services. Assurance to the public that the independent services they use are registered regulated and part of a system to help support improvement in the sector.</td>
<td>• Ongoing regulation of independent hospitals providing assurance to the public, highlighting good practice and areas for improvement. • Generally positive inspection reports on the independent hospital sector. • To date we have received 65 complete applications to register for independent clinics. 262 services have completed a pre-registration form and we are engaging on a 1:1 basis with the remainder of the services.</td>
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<td>Assessment of referral from National Confidential Alert Line (NCAL) and concerns passed to HIS under the Public Information Disclosure Act (PIDA)</td>
<td>Actively review and where necessary take action in relation to concerns about safety of patient care.</td>
<td>Any assessment or subsequent review will seek assurance and potential improvement in a service for patients. This will only be achieved through the involvement of the staff providing that service.</td>
<td>-</td>
<td>All cases will be initially assessed by a HIS internal team to determine the level of further investigation that is required.</td>
<td>Assurance against the concerns that have been raised. The implementation of any improvements identified through the investigation process.</td>
<td>• Appropriate timelines are determined for each case assessed /investigated. • National review of breast screening underway.</td>
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**Leads & Budgets:**
- **Claire Sweeney:** £53,408 (provided specifically from CSO out with HIS general allocation)
- **Claire Sweeney:** Revised to £705,075

**File name:** 20161123 Item 4.4 Measuring Our Progress  **Version:** Final V1.1  **p 15**
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<td>Thematic reviews of major priorities</td>
<td>Establish the detailed operational methodology and infrastructure to implement comprehensive quality of care reviews in Scotland, ensuring that such reviews are aligned to wider national priorities including the National Clinical Strategy.</td>
<td>Citizens, patients, families and communities. NHS boards, Integration joint boards, health and social care partnerships. Care providers and support staff in health and social care. Independent care providers: Scottish Parliament and Scottish Government</td>
<td>• The quality framework short life working group has agreed the quality framework and high level self assessment as fit for testing. • Three NHS boards have agreed to be test sites and terms of reference for the test activity are in various stages of development in conjunction with colleagues in the Boards concerned. • We have met with the three regional directors of planning to discuss how the sustainability measurement component of quality of care reviews could be delivered. • Work has started with NHS Lothian to co-produce the child and adolescent mental health specific pilot self-assessment. • Data collection for the Pilot child and adolescent mental health review will commence in November and we are working closely with NHS Lothian to support this exercise and maximise the learning. • We are working with the healthcare associated infection team to align the 2017/2018 self assessment with the quality framework and this will form another strand of testing. • The planned testing activity was shared with the expert reference group in October and it was supportive of the approach.</td>
<td>• In the shorter term the indicators of success will be the feedback and findings of the testing showing that the new quality of care reviews methodology can be used to provide a robust external assessment of the care provided within services and the output from those reviews are accepted by the service and can be used as a driver for improvement locally. • Buy in, support and positive feedback from stakeholders with regard to the potential benefits of the new approach.</td>
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<td>Claire Sweeney</td>
<td>101,050</td>
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<td>Quality Assurance of Mental Health Care Services in Scotland</td>
<td>Within the context of quality of care reviews, establish a robust approach to the external quality assurance of mental health services in Scotland, working in partnership with other agencies such as the Mental Welfare Commission.</td>
<td>Citizens, patients, families and communities. NHS boards, Integration joint boards, health and social care partnerships. Care providers and support staff in health and social care. Independent care providers: Scottish Parliament and Scottish Government</td>
<td>• Work has started with NHS Lothian to co-produce the child and adolescent mental health specific pilot self-assessment. • Data collection for the Pilot child and adolescent mental health review will commence in November and we are working closely with NHS Lothian to support this exercise and maximise the learning to support future mental health quality assurance work.</td>
<td>• In the shorter term the indicators of success will be the new quality of care reviews methodology can be used to provide a robust external assessment of the care provided within a mental health setting and the output from that review is accepted by the service and can be used as a driver for improvement locally.</td>
<td>• To be developed</td>
<td>Claire Sweeney</td>
<td>60,498</td>
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<td>Review of National Screening Programmes</td>
<td>Undertake scrutiny and assurance activity of national screening programmes against national standards.</td>
<td>Citizens, patients, carers, families and communities. NHS Boards, Scottish parliament and Scottish Government</td>
<td>• Issues have been raised within a group of board coordinators about the value of EQA. SG and HIS are working with stakeholders to full articulate the benefits of EQA. &lt;br&gt;• Work is now underway to plan for a baseline review of AAA screening and an external Chair from NHS England has been identified and has agreed to lead the review. &lt;br&gt;• A paper articulating the benefits of the programme, the detail of the methodology to be employed and the programme plan will be presented to the Scottish Screening Committee</td>
<td>• Assurance of the quality of national screening programmes, highlighting good practice and areas for development.</td>
<td>• Review group has been established and self assessment for Board is being developed</td>
<td>Claire Sweeney</td>
<td>70,416</td>
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<td>Cancer QPI Review</td>
<td>Carry out phased review of Quality Performance Indicator (QPI) data and publish the national findings in order to assure NHS Scotland, Scottish Government and Public that tumour specific services are developing and improving</td>
<td>Citizens, patients, carers, families and communities. NHS Boards, Scottish parliament and Scottish Government</td>
<td>• Breast Cancer QPI report in last stages of publication &lt;br&gt;• Renal QPI review now being undertaken with review meeting taking place in early November &lt;br&gt;• Planning underway to undertake Lung cancer QPI review &lt;br&gt;• Now undertaking national procurement exercise to recruit a deputy chair</td>
<td>• Published reports in line with agreed workplan</td>
<td>• Issues in securing suitable dates for review meeting have meant a slight delay &lt;br&gt;• Progressing to deliver renal and lung review</td>
<td>Claire Sweeney</td>
<td>83,031</td>
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<td>Sudden Unexpected Death in Infancy (SUDI)</td>
<td>Continue to provide support for this programme on behalf of the Scottish Government with a view to transferring it to a more appropriate agency determined by Scottish Government by March 2017.</td>
<td>Our service supports Sudi paediatricians, pathologists, general practitioners, health visitors, procurator fiscal service, police, social work, Scottish Ambulance Service and indirectly, the bereaved parents</td>
<td>• Regularly update the SUDI toolkit website for professionals (this is a rare event which many professionals may come across once in their career); &lt;br&gt;• Inform professionals when a SUDI has occurred and when authorised to proceed to review; &lt;br&gt;• Collect quantitative and qualitative data; &lt;br&gt;• Report on learning for professionals at national and international conferences; &lt;br&gt;• Produce report to inform professionals and Scottish government of good practice and practice and processes which could be improved; &lt;br&gt;• Qualitative “learning forms” demonstrate that multiagency staff feel supported and have discussed how to support the parents during their next pregnancy and the infant period of subsequent children.</td>
<td>• Toolkit updated and fit for purpose &lt;br&gt;• Professionals informed timely of a SUDI and when authorised to proceed to review &lt;br&gt;• Data gathered and stored securely &lt;br&gt;• Data in the process of being analysed.</td>
<td>Claire Sweeney</td>
<td>45,000</td>
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<td>Inspection of services for older people in acute hospitals (OPAH)</td>
<td>Continue to undertake inspections of the care of older people in acute hospitals and agree detailed proposals for the extension of the methodology to include non-acute healthcare facilities, including specialist dementia units.</td>
<td>Public, patients, carers, NHS Staff, NHS Boards, Scottish Government</td>
<td>Carry out 12 inspections per year, this includes follow up engagement with the NHS Boards and carry out follow up activity as required. A review of OPAH and OPAC is currently underway and will report in February 2017. The aim is to explore how both the OPAH and OPAC teams can work more closely to drive improvement as we move to community hospitals, continuing care and dementia care wards. Working with the Focus on Dementia team to investigate possible opportunities for integrated working. Development of the liaison inspector role to improve communication between the OPAH team and the NHS boards. Development of a risk prioritisation matrix for identifying hospitals to be inspected.</td>
<td>Number of inspections and follow up activity Level of engagement from boards Implementation of risk matrix Identification of opportunities for joint working with improvement teams.</td>
<td>Developed a risk matrix to support prioritisation of OPAH inspections. This is currently being tested and will be utilised when planning OPAH inspections for the forthcoming programme for 2017. Carried out 3 inspections in August and September and 1 inspection is due in October. Liaison inspectors continue to engage with the boards and feedback continues to be positive. Jointly leading the review of OPAH and OPAC programmes with a view to aligning these programmes more closely. Recommendations from the final report of this review will identify opportunities for engaging with the programme’s improvement counterpart.</td>
<td>Claire Sweeney</td>
<td>596,711</td>
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**Contribution 3 - supporting the redesign of health and social care services to be efficient and effective and to enable individuals to reliably receive the services they need, when they need them.**

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<td>Primary Care Strategy &amp; Phase 1 Implementation</td>
<td>Complete strategy to inform capability and capacity building needed to enhance the pace and scale at which HIS collaborates with and supports healthcare organisations to drive improvements in integrated primary care services.</td>
<td>Citizens, patients, carers, families &amp; communities NHS boards integration joint boards, health &amp; social care partnerships, third sector, housing &amp; independent sector Care providers &amp; support staff in health &amp; social care</td>
<td>Scoping work underway for the review of standards and indicators and development of a service specification for out-of-hours primary care urgent care. Work progressing on supporting the development of GP clusters. First cross organisational meeting to coordinate all primary care work in the organisation arranged for 1 November.</td>
<td>Publication of standards, indicators and a service specification for urgent care out-of-hours care by 31 March 2018. Recommendations from scoping work to outline how we will support GP clusters due in December 2016</td>
<td>National clinical lead started in post in September 2016 and is working with programme manager and project administrator on the review of standards, indicators and service specification. Recruitment for project officer to support this work in progress. QI associate started in August to support GP clusters scoping work</td>
<td>Brian Robson</td>
<td>154,984</td>
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### National Review of Out-of-Hours Services Quality & Safety Programme

**Title:** National Review of Out-of-Hours Services Quality & Safety Programme

**Objectives:**
- HIS are scoping work aimed at enabling boards to become self-sufficient in knowing how their urgent care services are performing against agreed standards, what they need to focus on improving and have the knowledge and skills to then deliver and sustain the desired improvements.
- Integration Joint Boards commissioning urgent care services, Health boards providing urgent care services.

**Risk update (very high risks only):**
- Recruitment for the project team has now been completed. Dr Sian Tucker will start on 26 Sept as National Clinical Lead for the Urgent Care Out-of-Hours programme. The team will support the development of (i) national guiding principles for urgent care out-of-hours services; (ii) a review of existing standards/indicators; and (iii) scoping capacity for improvement in out-of-hours services.
- During October the team will develop the project plan & communication / engagement strategy and liaise with key stakeholders.
- The first meeting of the Programme Steering Group is scheduled for 21 November.

**Activities:**
- **Indicators of Success:**
  - Indicators to be developed
  - To be developed

**Progress against outcomes:**
- Brian Robson 219,913

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### Older People in Acute Care Improvement of Care

**Title:** Older People in Acute Care Improvement of Care

**Objectives:**
- Build on work to date, which supports improvement work at a local level and promotes local ownership, spread and sustainability of change. Critically, during 2016–2017 to ensure an increasingly aligned approach across scrutiny and improvement.

**Who our services are for, engage & involve:**
- Care providers & support staff. NHS boards. Engaging patients and families.

**Risk update (very high risks only):**

**Activities:**
- **Indicators of Success:**
  - Numbers of requests for OPAC resources, Feedback on usefulness of resources, Compliance with process of assessing for risk of delirium in test sites
  - 1. Numbers of requests for OPAC resources, Feedback on usefulness of resources, Compliance with process of assessing for risk of delirium in test sites
  - 2. Qualitative feedback from survey to key stakeholders in the 3 boards.
  - 3. Development of indicators for identification of frailty in progress e.g. number of boards able to describe process for identifying those who would benefit from comprehensive geriatric assessment
  - 4. Qualitative feedback from delegates; Updates from NHS boards sharing progress; numbers of ‘business cards’ exchanged during network sessions
  - 5. Indicators currently being reviewed for next phase of work Recommendations from the OPAC/OPAH review will inform the next stage of work and future indicators. Recommendations due in Feb 2017

**Progress against outcomes:**
- **Lead Director:** Ruth Glassborow 319,820

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### Living Well in Communities

The Living Well in Communities portfolio aims to support Health and Social Care Partnerships to test and spread new ways of delivering services that enable more people to spend time at home or in a homely setting that would otherwise have been spent in hospital.

The portfolio includes improvement support for high resource individuals, palliative care, anticipatory care planning, intermediate care and reablement. The portfolio will develop to emerging improvement need.

#### Objectives

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<td>Health &amp; social care partnerships, NHS boards, integration joint boards, third sector, housing &amp; independent sector</td>
<td>For High Resource Individuals: Develop deep-dives diagnostic approach. Support partnerships to carry-out diagnostic exercise using HRI data to identify pathways or population groups to prioritise pathways for improvement. Support partnerships carry out whole system mapping and explore integrated system flow on prioritised pathways to identify how the pathway can be improved. Support partnerships to plan, implement, document and evaluate local improvement interventions.</td>
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<td>Citizens, patients, carers, families &amp; communities</td>
<td>Frailty &amp; Falls: Provide platform to national falls programme/local falls leads to raise profile of the national falls programme and the falls framework. Identify best tool(s) to use to identify people living in the community at risk of frailty. Use existing knowledge base to create a package of interventions for people at risk of frailty. Support partnerships support to identify, prioritise, plan, implement, document or evaluate frailty and falls interventions.</td>
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<td>Care providers &amp; support staff in health &amp; social care</td>
<td>Anticipatory Care Planning: Identify the current state of ACP use in all partnerships. Develop a national approach and resources to increase the use of ACPs in all partnerships. Test and refine the nation approach to ACP and the supporting resources. Launch the National ACP approach and resources to professionals and an awareness campaign to the public.</td>
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<td>Independent care providers</td>
<td>Principles of Buurtzorg: Agree community-based models to test with local test sites and define the principles to be tested. Support local test sites understand how Buurtzorg principles can be applied in their services. Design and implement local tests. Support the evaluation of Buurtzorg principles and impact on wider system.</td>
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<td>Other national organisations</td>
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#### Risk update (very high risks only)

- Pathways of care for High Resource Individuals: Develop deep-dives diagnostic approach. Support partnerships to carry-out diagnostic exercise using HRI data to identify pathways or population groups to prioritise pathways for improvement. Support partnerships carry out whole system mapping and explore integrated system flow on prioritised pathways to identify how the pathway can be improved. Support partnerships to plan, implement, document and evaluate local improvement interventions.
- Frailty & Falls: Provide platform to national falls programme/local falls leads to raise profile of the national falls programme and the falls framework. Identify best tool(s) to use to identify people living in the community at risk of frailty. Use existing knowledge base to create a package of interventions for people at risk of frailty. Support partnerships support to identify, prioritise, plan, implement, document or evaluate frailty and falls interventions.
- Anticipatory Care Planning: Identify the current state of ACP use in all partnerships. Develop a national approach and resources to increase the use of ACPs in all partnerships. Test and refine the nation approach to ACP and the supporting resources. Launch the National ACP approach and resources to professionals and an awareness campaign to the public.
- Principles of Buurtzorg: Agree community-based models to test with local test sites and define the principles to be tested. Support local test sites understand how Buurtzorg principles can be applied in their services. Design and implement local tests. Support the evaluation of Buurtzorg principles and impact on wider system.
- Intermediate Care & Reablement: Support H&SCP to identify, prioritise, plan, implement, document or evaluate local intermediate care and reablement services. Support the SAS single point of access. Support the H&SCP benchmarking network. Support ISD development of an Intermediate care

#### Activities

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<th>Indicators of Success</th>
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<td>Examples of Indicators of Success:</td>
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<tr>
<td>1. Number of times learning material has been accessed</td>
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<td>2. Qualitative feedback from HSCP on LWIC knowledge resources</td>
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<td>3. Qualitative feedback from LWIC learning events</td>
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<td>4. Numbers and spread of attendees to LWIC learning events</td>
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<td>5. Citation and referencing of LWIC materials</td>
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<td>6. Number of non-prompted requests to contribute to learning events</td>
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<tr>
<td>7. Case studies of H&amp;SCP taking LWIC learning into action</td>
</tr>
<tr>
<td>8. % of H&amp;SCP using HRI data to inform improvement activity &amp; commissioning</td>
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<td>9. % of H&amp;SCP adopting the national approach to ACP</td>
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<td>10. Number of Anticipatory Care Plans uploaded to eKIS</td>
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<td>11. Number of times Anticipatory Care Plans are accessed</td>
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<tr>
<td>12. % of H&amp;SCP adopting new workforce models promoted by LWIC</td>
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<tr>
<td>13. Nature of intermediate care and reablement services across Scotland</td>
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<tr>
<td>14. Case studies of H&amp;SCP taking LWIC learning into action and impacting on services</td>
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#### Progress against outcomes

<table>
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<tr>
<td>Ruth Glassborow</td>
<td>968,729</td>
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**Examples:**

- Medium-term outcomes: first indication of progress expected by December 2017. Subsequent medium-term outcomes to be expected by December 2018.

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<p>| File name: 20161123 Item 4.4 Measuring Our Progress | Version: Final V1.1 | p 20 |</p>
<table>
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<tr>
<th>Title</th>
<th>Objectives</th>
<th>Who our services are for, engage &amp; involve</th>
<th>Risk update (very high risks only)</th>
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<th>Progress against outcomes</th>
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<tr>
<td>Living Well in Communities (CONT)</td>
<td>Support health and social care partnerships to improve the effectiveness of their strategic commissioning arrangements and practice. In doing so, enable them to achieve a better alignment of investment and delivered outcomes whilst ensuring that personalised services and supports, a co-production approach and more robust and consistent decision making become more strongly embedded.</td>
<td>Citizens, those who access services, carers, families and communities; Health and Social Care Partnerships, Third Sector, Housing, Independent Sector, Scottish Government; range of other national bodies</td>
<td></td>
<td>• Palliative and End of Life Care: Work with H&amp;SCP to identify and prioritise local improvement projects. Support H&amp;SCP to plan, implement, document and evaluate local palliative and end of life care interventions to improve access and co-ordination of care. Work with owners of other commitments from the Strategic Framework for Palliative Care to share and implement learning.</td>
<td></td>
<td></td>
<td></td>
<td>Ruth Glassborow</td>
</tr>
<tr>
<td>Strategic Commissioning</td>
<td>• Internal and external inductions with o HIS – all directorates o Scottish Care o The Alliance o CCPS o ISD o NHS S equalities o Primary Care Division SG o Integration Division SG o COSLA</td>
<td>Meetings with Inverclyde and East Lothian IJB representation to discuss support needs</td>
<td>Proposed objectives and operating plan viewed by ihub committee</td>
<td>• a programme of knowledge sharing and upskilling in strategic commissioning in partnership with the Scottish Government, national statutory and representative bodies. • 2-4 test sites for transformational strategic commissioning initiated • strategic commissioning alignment into key national priorities (e.g. care home contract, NHWO indicators, joint inspection)</td>
<td>• Recruitment process initiated for project support for knowledge programme • Engaged with external stakeholders to develop offer • Engaged with internal stakeholders to assess both resources available and support required • Representation on National Care Home contract • Engagement with initial IJBs to establish support needs</td>
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| Mental Health Access | The Mental Health Access Improvement Support Team (MHAIST) has been established to support improved access to both psychological therapy interventions and Child and Adolescent Mental Health Services. It will work with NHS Boards and IJBs to support a ‘deep dive’ diagnostic to understand the barriers to meeting the target of treatment within 16 weeks of referral and on the basis of this – to then agree an improvement plan to enable reliable delivery of this access target. | Patients, carers and families who access psychological therapy and child and adolescent mental health services. NHS boards, integration joint boards, health & social care partnerships who provide psychological therapy and child and adolescent mental health services. Staff working in psychological therapy and child and adolescent mental health services. | • The full core team is now in place including two clinical leads  
• There is still good engagement with the programme and the team continue to build relationships with services but in several services progress has slowed due to factors out with the teams control as described below  
• Support work with NHS Borders PT and CAMH services is currently on hold following staffing changes that are impacting on their ability to engage with the programme.  
• A review of support for NHS Ayrshire and Arran PT service is planned as they are undergoing major service redesign and MHAIST want to ensure the support they provide is not duplicating effort locally and is compatible with the service redesign plans.  
• Work with NHS Forth Valley PT service is on hold they are undergoing major service redesign and wish to wait until major changes have been made before engaging with the team  
• Review work is agreed and planned with NHS Fife PT and CAMH services, NHS Dumfries and Galloway PT and CAMH services, NHS Orkney PT and CAMH services, NHS Shetland PT and CAMH services.  
• We have progressed on to providing support for NHS Lothian PT and CAMH services, NHS Tayside CAMH service and NHS Forth Valley CAMH service as we have identified in partnership with them a need for further work using quality improvement methods to understand their services and plan improvement. | • Number of services engaged in working with MHAIST  
• Number of services who have completed full quality improvement assessment of service including demand, capacity and queue analysis  
• Number of services who have tested, evaluated and implemented improvements to access and/or other aspects of quality  
• Number of services meeting nationally agreed timescales for access to services  
• Further indicators are under development | • 15 of the 28 services in Scotland are engaged with MHAIST in reviewing progress to date in using quality improvement methods including demand, capacity and queue.  
• No full quality improvement assessments of service are available yet  
• We are not at the stage of testing changes yet  
• 9 services of 28 are meeting waiting times targets | Ruth Glassborow | 474,837 |
### Title

The Home, Place and Housing Portfolio aims to make key improvements to strategic planning of housing and related services to provide people with a home environment that supports greater independence and improved health and wellbeing.

### Objectives

Who our services are for, engage & involve

Risk update (very high risks only)

Activities

Indicators of Success

Progress against outcomes

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<tr>
<td>Ruth Glassborow</td>
<td>279,772</td>
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### Activities

- **Adapting for Change (AFC)** – the main focus in the past month has been on preparing practice learning materials on the key themes within the AFC programme. An AIM day (Academic Industry Meeting day) is planned for late October/early November to develop innovative design solutions.

- **Community Equipment** - Continuing programme of support with main emphasis on improving Store service models (business efficiencies)

- **Housing and dementia** – supporting the particular housing related aspects of dementia, identifying workforce development needs and improving pathways between housing and partners in health and social care.

- **Housing and hospital** - All 3 sites testing the interim supported provision in sheltered housing are up and running and occupied with people discharged from hospital. Video clip on Aberdeen approach is now on the ihub website, and a report analysing the growing number of housing related delayed discharges has been drafted. An interim report for the complex needs component is being drafted.

- **Housing Community Anchors** – a roadshow is being planned as part of the national Co-production week in November to highlight the contribution made by housing organisations.

- **Health & Social Care Integration** – continued responsive support to partnerships

- **Strategic planning** – analysis of Strategic Commissioning Plans and Housing Contributions Statements has been undertaken to identify the extent to which housing forms an integral part of local strategies and the themes/issues

- **Evidence review and development of housing outcomes model**. The evidence review has been completed and a final draft outcomes framework has been prepared and will be circulated during October. Work will begin on a summary version.

### Indicators of Success

- **Indicators being developed**

- **Increase in recycling of equipment – further indicators being considered**

- **Reduction in housing related delayed discharges**

- **Indicators being developed**

- **Indicators being developed**

- **Indicators being developed**

### Progress against outcomes

- A partnership funding model has been tested in Borders which demonstrates the potential for an ‘in practice’ approach that is ‘tenure neutral’.

- Tayside Joint Protocol on community equipment defining new arrangements has been finalised and is being implemented following Training Programme.

- A number of outputs are emerging from Phase 2 of the Housing and Dementia project, including key knowledge requirements and key skills requirements for housing professionals as well as a definition of the housing role within Dementia Pathways.

- Analysis of Strategic Commissioning Plans has shown that housing is seen by many as an integral part of the delivery of health and wellbeing. And further analysis of all Housing Contribution Statements has highlighted the housing related challenges identified by HSCPs.
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<td>Focus on Dementia</td>
<td>An improvement partnership programme which aims to support improvements in the experience, safety and co-ordination of care for people with dementia across the whole pathway, including diagnosis and post diagnosis support, integrated care in the community, acute hospital care, specialist dementia care and advanced care. The emphasis is on supporting people to stay well at home or in a homely setting for as long as possible. This recognises that when hospital admission is necessary that people are treated with dignity and respect and in a safe environment which protects people’s human rights.</td>
<td>People with dementia, carers and staff. In partnership with Dementia Policy Team and Chief Nursing Officer Directorate, Alzheimer Scotland, NHS Education for Scotland and SSSC. Engaging closely with Care Inspectorate and Scottish Care.</td>
<td>Four work streams detailed below. 1. Supporting Implementation and Improvement of Diagnosis and Post Diagnostic Support as part of the LDP standard The first draft of the Quality Improvement Framework for Post Diagnostic Support (previously called Quality Principles) has been produced and is now ready to go out for consultation. Post Diagnostic Support Network will launch in November 2016. 3 dates set, good response re attendance so far. Post Diagnostic Support Leads meetings ongoing, future dates set and continue to be chaired by Jill Carson, Dementia Post Diagnostic Support Lead in Glasgow. The next meeting will be held in Forth Valley on 6 December. Survey Monkey gone out to Post Diagnostic Support staff to inform dataset improvement and guidance and to establish what, if any measures of quality are in place. Relocation of post diagnostic support services within primary care: Nomination letter, background information and application form ready to go. Primary Care Policy team advise to make call for applications via Integrates Joint Boards. This will be sent out mid-October, plan to have knowledge exchange session for interested parties early Dec or mid-Jan, tbc asap. 2. Care Co-ordination in the community. Following the testing in 5 Health and Social Care Partnerships in Scotland, the external evaluation has now been published and results are informing discussions at the Expert Group for third Dementia Strategy (due to be published late 2016). An After Action Review is being undertaken on 7 November to consider lessons learned from partnership approach to testing the 8 pillar model and a ‘next steps’ meeting to progress successful aspects of 8 pillars scheduled for 11 Nov. 3. Specialist Dementia Units. The first learning session will be held for Specialist Dementia Unit Improvement Programme on 6 October 2016. The aims of the event are to: o Create the opportunity for teams to 2. Care Co-ordination in the community. Evidence of effectiveness of 8 Pillar model in supporting people with dementia to stay well and independent for as long as possible in the community evidence in the value of the role of dementia practice co-ordinator in supporting people with dementia within a community setting, including reducing crises Examples of transferrable learning to other community led integrated projects 3. Specialist Dementia Units Improvements in the quality of care, experience and outcomes for people</td>
<td>Current Indicators which are being reviewed are: 1. Diagnosis and Post Diagnostic Support • Increase in % of population with diagnosis • Increase in % of those diagnosed who receive Post Diagnostic Support in line with current LDP standard • Staff demonstrate increased knowledge and understanding of use of tools to support improvements in the quality of PDS • People with dementia and carers report a positive experience of post diagnostic support • Number of PC expressions of interest to become an innovation site and part of a wider network to learn from testing post diagnostic support within a primary care context</td>
<td>1. LDP data will be published late 2016 from ISD 2. External Evaluation underway and was reported to Scottish Government September 2016. This included the validated data set of improvement data collected &amp; analysed from each of the 5 test sites. An after action review is being planned thereafter to learn from the process &amp; outcomes. This will inform further testing with the Alzheimer Scotland advanced model which we would like to test within one of the Living Well in the Communities palliative care sites 3. Data not yet available</td>
<td>Ruth Glassborow</td>
<td>640,426</td>
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| Focus on Dementia (CONT) | | | | meet with other demonstrator site teams, find out about the different units and build connections  
- Learn about Experience Based Co-design, explore how this might work in your unit, what support would be available and consider local stakeholder engagement  
- Create a safe space for teams to view the challenges and opportunities through 'fresh eyes' and start the process of forward planning  
A meeting is planned with the Care Inspectorate and Scottish Care on 19 October 2016 to discuss the selection of a 4th demonstrator site and the potential for this to be the NHS beds contracted out to a care home setting.  
A successful meeting was held on the 16 September between Alzheimer Scotland and National Education Scotland to develop the aims and objectives of the Specialist Dementia Unit Improvement Programme Network. Work is now ongoing to plan the launch event in January 2017. | with dementia within specialist dementia units.  
- Improved knowledge and understanding of improvement tools and approaches to support local improvements  
- Improved confidence in using improvement approaches within specialist dementia units | 4. A national Advisory Group for Focus on Dementia has been established and will meet for the first time on 24 October 2016, and thereafter bimonthly. This will be chaired by Tim Eltringham (Director of Health and Social Care – Chief Officer) and will advise on the development of our work and support for implementation in practice. | | |
| National Care Standards | Deliver in collaboration with the Care Inspectorate, a set of general and specialist standards linked to the principles signed off in March 2016. | The standards will apply to everyone who uses any health or social care services. As such, they will also impact on all health and social care providers | | • The Cabinet Secretary for Health, Wellbeing and Sport has signed off the draft standards draft for consultation from 24 October.  
• The consultation period is 12 weeks  
• During the consultation period, HIS and Care inspectorate staff will be undertaking a significant number of consultation events across Scotland | • In addition to meeting 'process' indicators (eg delivered on time), we can demonstrate how people have been empowered to influence the development of the national care standards.  
• Indicators under development to evaluate the impact of the standards on the delivery of health and social care | 4. Acute general Hospitals  
• Examples of practice within acute general hospitals to improve the experience and care quality for people with dementia  
• Improved knowledge and understanding of improvement approaches within acute general hospital care setting. | Sara Twaddle | 37,861 |
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<tr>
<td>SIGN Guideline Programme</td>
<td>Continue to develop evidence based guidelines for healthcare professionals, seeking appropriate ways in which information can be more rapidly disseminated.</td>
<td>Citizens, patients, carers, families &amp; communities, NHS boards, integration joint boards, health &amp; social care partnerships, third sector, care providers &amp; support staff in health &amp; social care</td>
<td></td>
<td>The British guideline (SIGN 145) on the management of asthma published on 21 September and distributed to NHS Distribution Co-ordinators and Primary Care Distribution Co-ordinators the CMO, CSO Chairs and CE of all NHS boards</td>
<td>Draft indicators in development by SIGN Council Strategy Group</td>
<td>To be developed</td>
<td>Sara Twaddle</td>
<td>521,132</td>
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<tr>
<td>Standards and Indicators Programme</td>
<td>Further develop the programme of standards, including pressure ulcer standards and screening services to underpin inspection processes and indicators, in areas such as palliative care and heart disease, which are used for to facilitate ready comparison of services in a nationally consistent manner and generate data that provides a baseline for improvement</td>
<td>We develop condition specific standards and the specific groups that our standards impact on (and therefore who we should engage with and involve) are identified in project specific implementation documentation (including EQIA).</td>
<td></td>
<td>Publication of Pressure Ulcers (30.9.16), and associated social media/publications</td>
<td>We have project-specific process indicators, which we routinely and regularly monitor. Impact indicators are short term (how stakeholder engagement influences our work)</td>
<td>To be developed</td>
<td>Sara Twaddle</td>
<td>192,446</td>
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<tr>
<td>RARE – Best Practices</td>
<td>Continue with the RARE – Best Practices programme to reduce inequality in care for patients with rare diseases across Europe</td>
<td>Patients with rare diseases, their families and carers, clinicians who provide care for people with rare conditions and organisations who support people with rare conditions</td>
<td></td>
<td>Deliverable 4.5 Principles for engagement with rare disease patients, carers, families and organizations (Guidance for researchers, policy makers and healthcare providers) has been accepted by partners. The collection of guidelines on rare diseases continues to be added to. A workshop on the project will be presented alongside another EU funded project RD-Action in Paris on 25 October 2016.</td>
<td>Indicators under development</td>
<td>To be developed</td>
<td>Sara Twaddle</td>
<td>19,527</td>
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### Contribution 4 - improving the analysis and assessment of inappropriate variation in the quality of health and social care in Scotland, and identifying the steps with services to eliminate unacceptable practices and provision.

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<td>Scottish Mortality and Morbidity Programme (SMMP)</td>
<td>Through the SMMP, ensure an effective approach to supporting the improved local learning from deaths; improved local action to reduce HSMR; thematic national data for improvement; improved governance at local and national level in relation to mortality reviews.</td>
<td>Service delivery is reliant on collaborative working with partner organisations National Records of Scotland (NRS), NHS24, NHS Education for Scotland (NES), National Services Scotland (NSS). The service engages with wider stakeholders such as NHS boards, certifying doctors, District Registrars, Funeral Directors, Foreign Commonwealth Office. 2 HIS public partners sit on the service management board bringing a public perspective to service governance and development.</td>
<td>Full stakeholder mapping available</td>
<td>Outputs of learning session feeding into national guidance by HIS due Autumn 2016. National survey (1000+ responses) published. Additional site visits to GJNH, GGC and Fife underway. Events / meetings with monitoring and measurement of safety, HSMR review groups and UK case note review work completed.</td>
<td>To be developed</td>
<td>Final outcomes to be defined</td>
<td>Brian Robson</td>
<td>50,524</td>
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<tr>
<td>Death Certification Review Service</td>
<td>Ensure the effective operation of the Death Certification Review Service and key operational objectives are consistently delivered.</td>
<td>DCRS conducted an Emergency Care Summary access pilot for all NHS A&amp;A level 1 case reviews. This resulted in an alteration to the MCCD in 42% of cases. DCRS proposed a National 3 month pilot to the DCRS management board on 05.10.16 which was approved. The pilot will take place 01.11.16 to 31.01.17. Tracey Gillies, NHS Forth Valley Medical Director and Dr Paul Baughan conducted an external review of the DCRS peer review process on 23.09.16. A feedback/reporting is currently awaited.</td>
<td></td>
<td>Case review 'not in order rate'. Case review SLA timescales: Level 1 = 1 working day Level 2 = 3 working days Advance Registration = decision within 2hrs SMR Escalated Cases = 1 working day Interested Person = between 3 and 14 working days Repatriation = authorise burial/cremation within 5 working days. SMART survey results</td>
<td></td>
<td></td>
<td>Brian Robson</td>
<td>1341225</td>
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<tr>
<td>Measurement and monitoring of safety programme</td>
<td>Spread and integrate the framework for the measurement and monitoring of safety across Scotland. Work with UKIA and partners across the UK to further develop resources and create a spread and sustainability plan to support others in their use of the framework.</td>
<td>NHS boards, integration joint boards, health &amp; social care partnerships, third sector, housing &amp; independent sector, Care providers &amp; support staff in health &amp; social care, Scottish Parliament &amp; Scottish Government, Other national organisations, Citizens, patients, carers, families &amp; communities Our staff</td>
<td></td>
<td>Met with regional improvement bodies who we will be working with (Advancing Quality Alliance (AQA), Health and the Wellbeing of People in Humber and the UK Improvement Academy) to plan phase two Finalised written case studies submitted to the Health Foundation Finalise film case studies to be launched at event on 20th October. Half day event on 20th October to share learning from phase one and engage audience in planning for phase two</td>
<td>Indicators under development</td>
<td>To be developed</td>
<td>Brian Robson</td>
<td>131,537</td>
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<td>SPSP Acute Adult Programme</td>
<td>Implement the new arrangements arising from the 90-day process reviewing the Acute Adult and Primary Care safety programmes.</td>
<td>Patients &amp; Carers; NHS Boards; Scottish Government</td>
<td></td>
<td>• An Acute Kidney Injury (AKI) Expert Reference Group (ERG) is continuing its work to inform and develop the content of the Acute Kidney Injury work stream including driver diagram, change package and measurement plan. The first draft of a driver diagram and project charter has been developed and the group is working on development of outcome measures based on incidence, mortality and progression of AKI.</td>
<td>• By March 2017:  - Reduce Cardiac Arrest by 50%  - Reduce Falls by 20%  - Reduce Falls with harm by 25%  - Reduce Catheter Acquired Urinary Tract Infection (CAUTI) by 30%</td>
<td></td>
<td>Ruth Glassborow</td>
<td>453,207</td>
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- HSMR (new model) reduced by 5.1%  
- Sepsis mortality (in support of HSMR reduction) reduced by 20%.  
- Cardiac Arrests reduced by 19%.  
- 4 Wards and 1 hospital reporting sustained improvement in all falls and 1 ward and 1 hospital reporting improvement.  
- 2 wards and 1 hospital reporting sustained improvement in falls with harm.  
- 12 board’s now reporting CAUTI rate it is too early to make an assessment of the data.  
- 1 board reporting sustained improvement in pressure ulcer rate.
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| SPSP – VTE    | Undertake a ‘deep dive’ with one NHS Board to understand the factors mitigating against reducing unwarranted variation in the management of VTE, test solutions and identifying learning for spread across Scotland. | Patients & Carers; NHS Boards; Scottish Government |                                    | • An improvement advisor has been appointed to carry out this work within NHS Borders.  
  • Work is ongoing within NHS Borders looking at the identification and removal of barriers to achieving reliable delivery of thromboprophylaxis for patients in acute hospitals.  
  • Scoping work is currently underway to understand the current state position with regards to VTE in NHS Borders.  
  • As part of this work, NHS Borders are also working closely with SPSP Comms to develop a public facing campaign for VTE. This will be launched in October 2016 as part of national thrombosis day. | • Indicators under development                                                                 | • To be developed                                                                 | Ruth Glassborow                                                              | 47,340 |
| SPSP-Mental Health | Support NHS Boards to improve outcomes for people with mental illness through a focus on reducing harm including restraint and seclusion, improving medicine safety risk assessment and safety planning at key transition points. | Service Users, Carers and Families, Scottish NHS Boards, Health and Social Care Partnerships, third sector, housing and independent sector, Scottish Government, Professional colleges and related national organisations. |                                    | • Development of first year of Phase 3 (Sept 16-17) to include CAMHS, Perinatal Psychiatry, Older Adult and Community.  
  • Joint SPSP-MH and MHIST CAMHS event scheduled for 24/1/16.  
  • Joint Carers Trust/SPSP-MH event “Going beyond harm” was held on 31/8/16 with 80 carers and service users to understand key areas of harm they feel should be looked at in Phase 3. A draft report is now available.  
  • Monthly WebEx to promote and maintain links around all areas.  
  • % of patients who experience self harm  
  • Minimise the harm resulting from incidents of self harm  
  • Rate of incidents of restraint (per 1,000 occupied bed days)  
  • Minimise the harm resulting from restraint and seclusion practices  
  • Rate of incidents of physical violence (per 1,000 occupied bed days)  
  • Minimise the harm resulting from physical violence  
  • Ongoing completion and feedback from staff and patient safety climate tools. | • An increase from 7 to 8 wards/units showing reduction in the percentage of patients who self harm of up to 75% and a 15% reduction in percentage of self harm in 14 out of 35 acute wards  
  • An increase from 9 to 13 wards/units showing a reduction or sustained reduction in the rates of restraint of up to 64%  
  • An increase from 15 to 16 wards/units showing a reduction/sustained reduction in the rates of violence of up to 80%  
  • Over 500 facilitated patient safety climate tools completed  
  • Over 3000 staff safety climate questionnaires completed. | Ruth Glassborow                                                 | 327,436 |
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| SPSP Primary Care          | Implement the new arrangements arising from the 80 day process reviewing the Adult and Primary Care Safety programmes | GP, Practice Staff, Practice Nurses, District Nurses, Community Nurses, NHS Health Board Staff and Patients, their families and carers |                                                                                                  | • A 2-day sepsis induction event took place in September with representation from the four successful teams: NHS Highland, NHS Lothian and a partnership between NHS Greater Glasgow & Clyde and the Scottish Ambulance Service.  
  • At the induction event we discussed and agreed to progress:  
    o Revisions to the draft Memorandum of Understanding between NHS boards and Healthcare Improvement Scotland to ensure clarity around expectations.  
    o NHS boards will recruit their local teams  
    o NHS boards will nominate two people to join the sepsis operational steering group.  
    o Inaugural steering group meeting will take place on 30 November 2016.  
  • We are continuing to support NHS board primary care teams’ use of existing tools and resources such as the safety climate survey. | • We are developing indicators and following a series of meetings in the coming months intends to have these agreed by February 2017. |                                                                                                        | Ruth Glassborow | 312.504 |
| SPSP - Pressure Ulcers     | The programme will work in collaboration with NHS boards, Health and Social Care Partnerships, Scottish Care and care homes across Scotland to reduce the incidence of pressure ulcers for residents in care homes. | Care Home Staff, Residents their families and carers, Nurses, GPs, District Nurses, Health & Social Care Partnerships, Scottish Care and their Local Integrated Leads and Care Inspectorate |                                                                                                  | • During September four local learning sessions were held with care home staff in Argyll & Bute, Dumfries & Galloway, East Dunbartonshire and Perth & Kinross. A fifth local learning session will be run in Highland in October.  
  • Resources to support delivery of local learning sessions were developed, including videos, with one highlighting a patient experience and our clinical director discussing an experience in which a resident had an undetected pressure ulcer.  
  • A steering group meeting is planned for 24th October and a meeting of the core group (SPSP, Scottish Care and Care Inspectorate) to support the partnership working will also be held on the same date.  
  • Evaluation of this work is being undertaken internally by the Evidence and Evaluation for Improvement team (EEvIT). | • By December 2017 Reduce pressure ulcers in participating care homes by 50%  
  • We will develop process and outcome measures to monitor progress. |                                                                                                        | Ruth Glassborow | 75.075 |
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| SPSP Pharmacy in Primary Care | Continue to improve reliability of a number of processes, including the prescribing, monitoring and dispensing of high risk medicines, medicines reconciliation at discharge from acute hospital, and developing a safety culture. | Pharmacists, Pharmacy Staff, Pharmacy Technicians, NHS Health Board Staff and Patients their families and carers | • Process data for high risk medicines and medicines reconciliation continues to be collected.  
• Pharmacy teams are testing changes and developing a range of resources in relation improving patient safety.  
• The Scottish Government has outlined plans in an NHS Circular to formalise and embed continuous improvement and patient safety processes in the delivery of community pharmacy services.  
• This circular supports the pharmacy teams within our pilot to continue implementing the care bundles for High Risk Medicine and Medicines Reconciliation.  
• In collaboration with Strathclyde University we will undertake a consensus exercise to finalise one bundle for Warfarin and one for Non-steroidal anti-inflammatory drugs (NSAIDs).  
• We will host a celebratory event on 6 October with representation from Scottish Government, the Health Foundation, NHS boards, the Royal Pharmaceutical Society and pilot teams.  
• Evaluation of this work is being undertaken externally from University of Strathclyde and a full report will be available in November 2016  
• A final report will be produced for the Health Foundation in November 2016. | • All collaborating community pharmacies, 95% of their warfarin patients will have a warfarin High Risk Medicines intervention by December 2015  
• All collaborating community pharmacies, 95% of their NSAIDs patients will have a NSAIDs High Risk Medicines intervention by December 2015  
• 95% of participating pharmacy teams will be developing safety culture through the use of a pharmacy safety climate survey.  
• In participating pharmacies, 95% of patients will have their medicines reconciled by December 2016. | • 89% of pharmacy teams have completed their safety climate survey. | Ruth Glassborow | 78,950 |
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<td>SPSP Maternity and Children (3 strands - maternity neonatal and paediatric care)</td>
<td>Implement SPSP Maternity and Children programme to improve outcomes by providing a safe, high quality care experience for all women, babies and children, in these settings in Scotland.</td>
<td>Midwives, Obstetricians, Paediatricians, nursing, Neonatologists, Scottish Government, Early Years Collaborative, Raising Attainment For All, parents and families</td>
<td>The first phase of MCQIC completed end March 2016. The programme going forward will adopt a phased delivery approach with a focus on fewer national outcomes allowing boards the flexibility to concentrate on the key processes that are an issue for them which contribute to the national outcomes. As well as the point of care specifics outlined per strand, there is ongoing activity in all three strands on system enablers (culture, teamwork, communication, human factors etc)</td>
<td>Maternity</td>
<td>• Stillbirth &amp; neonatal Mortality Rate</td>
<td>• National reduction in stillbirth rates by 19.5% with 4 units showing sustained improvement</td>
<td>Ruth Glassborow</td>
<td>436,000</td>
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<td>• Severe Post Partum Haemorrhage Rate (per 1,000 deliveries).</td>
<td>• 11/17 units reporting consistently on severe PPH rates. 8 units showing no change in reduction in rates from baseline data, 2 showing deterioration and 2 sustained deterioration, however 2 units now showing improvement</td>
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<td>• % of non-medically indicated deliveries prior to 39 weeks gestation</td>
<td>• % of non-medically indicated deliveries prior to 39 weeks, due to be stepped down as a measure for national reporting due to consistently low rates</td>
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<td>Public health element in relation to smoking in pregnancy (co monitoring, referral to smoking cessation services)</td>
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<td>Neonatal</td>
<td>Overarching measure of neonatal mortality rate.</td>
<td>9 units showing sustained improvement in % of women offered CO monitoring at booking. To be stepped down as a measure for national reporting to local reporting.</td>
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<td>• Rate of admission Hypothermia</td>
<td>Have just agreed neonatal mortality measure and will be using MBRRACE data to track.</td>
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<td>• Failure to recognise deteriorating patient – proposed new outcome measure is rate of term infants admitted to NICU / per 1000 term births.</td>
<td>4/17 units already working on reducing hypothermia. 2/4 reporting data and 1 unit demonstrating un sustained improvement.</td>
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<td>• Rate of harm from Intravenous access including CLABSI.</td>
<td>4/17 units reporting on use of early warning score. 1 unit no change, 1 unit on target and 2 units demonstrating sustained improvement.</td>
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<td>6/13 eligible units reporting on CLABSI. 2 units no change, 2</td>
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<td>SPSP Maternity and Children (3 strands - maternity, neonatal and paediatric care) (CONT)</td>
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<td>Rate of Late onset infection for the neonatal Paediatrics</td>
<td>Paediatric serious harm key Indicators x 6:</td>
<td>Serious safety Events,</td>
<td>units on target and 2 units showing sustained improvement</td>
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<td>safe use of medicines,</td>
<td>3/17 units reporting on infiltration injuries, 1 unit no change, 1 unit no change but on target, 1 unit improvement and achieved greater than 350 days between</td>
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<td>unplanned admissions to paediatric intensive care units,</td>
<td>11/14 boards reporting, 8 boards reliably, 3/8 boards on target, remaining showing no change – in part because numbers so low with most reporting 0-1 incidents each month.</td>
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<td>ventilator acquired pneumonia (VAPs),</td>
<td>Like the previous measure for those boards reporting the numbers are very low and not reflective of the challenges community facing – 3 new measures attempting to capture this will be, near misses, errors with no harm and errors with harm. Currently 6/14 boards reporting reliably, 3 no change, 3 on target with incidences mostly 0-1 each month.</td>
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<td>Central line blood stream infections</td>
<td>7/14 boards reporting reliably, 1 board showing a 60% reduction, 3 board with no change and 3 demonstrating deterioration.</td>
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<td>Aspects of child protection care delivery in the acute setting</td>
<td>2 boards with intensive care units eligible to report on this measure. 1 board demonstrated a 78% reduction in VAP rate, The other board only started reporting so not enough data to assess.</td>
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<td>3 boards reporting, 1 board demonstrating improvement.</td>
<td>Measure currently being drafted</td>
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| SPSP - HAI Improvement | Provide overall co-ordination of all HAI-related activities within HIS to ensure an integrated and planned approach. Provide improvement advice and support to the NHS boards on HAI issues. | All NHS territorial and special health boards their staff and teams. Infection control and project team staff. Third sector partners. | | • Provide subject matter expertise and improvement support to enable boards to identify a priority area to work on using quality improvement (QI) methods  
  • Support project partners to identify, prioritise, plan, implement or evaluate local HAI intervention  
  • Support project partners to test and evaluate local interventions  
  • Identify best tools to use in each project (data collection, bundles, system understanding etc)  
  • Support project partners to analyse and interpret data  
  • Support project partners to establish project teams that have the scope to take HAIIT projects forward  
  • Provide QI capacity building support to project partners and associated teams  
  • Facilitate improvement activity across key areas for reducing risk of HAI  
  • Share learning across NHS Scotland  
  • Three HAI topic specific networking events planned prior to March 2017  
  • Planning for phase two of HAIIT with Scottish government sponsors  
  • Present HAIIT progress to SPSP Programme Board  
  • Produce and circulate1st HAIIT quarterly flash report for programme stakeholders  
  • Projects are collecting baseline data.  
  • Project teams reporting increase in their confidence to use QI to test changes  
  • Respondents telling us that working with HAIIT has improved collaborative working between teams in their NHS boards  
  • HAIIT networking day planned  
  • HAIIT quarterly Flash report issued  | • Project partners implement learning from HAIIT in QI methods used to test and implement ways of enabling reliable processes for best practice in HAI Prevention  
  • Project partners learn from HAIIT to implement data reporting (baseline or other) on process and or outcome measures  
  • Reporting of QI projects within HEI Reports and Board action plans  
  • Adoption and spread of models for implementing best practice using QI Prevention  
  • Development of a HAI Learning Community  | | Ruth Glassborow | 87,738 |
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<td><strong>SPSP Medicines</strong></td>
<td>SPSP Medicines aims to reduce harm from medicines through supporting the medicines streams within each of the SPS programmes with a focus on medicines reconciliation and high risk medicines</td>
<td>Scottish NHS Boards, Health and Social Care Partnerships, third sector, housing and independent sector, Scottish Government, Professional colleges and related national organisations.</td>
<td>Monthly WebEx series on reducing medicines harm across transitions continues with NHS Borders (August) NHS Lanarkshire (September) and NHS Orkney and Shetland planned for October.</td>
<td>• Monthly WebEx series on reducing medicines harm across transitions continues with NHS Borders (August) NHS Lanarkshire (September) and NHS Orkney and Shetland planned for October. • Collaboration with ISD/Strathclyde University exploring data linkage to inform potential outcome measures for programme. • Engagement with stakeholders continues through: - hosting a local medicines morning in NHS Dumfries and Galloway (mental health unit) on 9 August. - presenting at the Maternity and Children Quality Improvement Collaborative Paediatric Networking day on 15 September. - involvement in the 3 workshops of NHS Lothian’s medicines awareness campaign during September and October (nursing staff) - presentation at the Primary Care Combined Celebration Event, 6 October.</td>
<td>• Medication reconciliation reliability on admission to and discharge from acute care hospital (reported by boards) • Dashboard report for medication reconciliation under development (due Oct 16) • Indicators related to high risk medicines under development (due March 17) • Board engagement/participation with monthly WebEx series and results of evaluation.</td>
<td>• No national aggregated data available for medicines reconciliation. • 11 boards reporting data for medication reconciliation on admission to hospital. • 7 boards reporting data for medication reconciliation on discharge. • Positive feedback from 11 respondents to evaluation of Monthly WebEx series. 91 per cent were very satisfied or satisfied with the WebEx content with the remainder remaining neutral. • Other indicators still under development.</td>
<td>Ruth Glassborow</td>
<td>166,882</td>
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<td><strong>Sharing Intelligence for Health &amp; Care</strong></td>
<td>Build on the work of the Sharing Intelligence Group to provide a proactive and supportive environment for collaboration; regular opportunities to build stronger working relationships and understanding of roles; a shared view of risks to quality through our collective intelligence; an early warning mechanism of risks; and co-ordinated action to drive improvement.</td>
<td>NHS Boards, integration joint boards, health &amp; social care partnerships, other national organisations &amp; our staff.</td>
<td>The next meeting of the group will take place on 12 December where it will review the combined intelligence for 3 NHS Boards • The Sharing Intelligence Group is currently undertaking an evaluability assessment exercise facilitated by the Knowledge Services Team to (i) clarify intervention goals and how they are expected to be achieved, (ii) the development and evaluation of a theory of change, and (iii) provision of advice on methods for cost-effective evaluation.</td>
<td>• The Group has provided a proactive forum at which information and intelligence from all members can be collectively considered and triangulated to identify potential or actual risks to patient safety and quality of care and, where necessary, institute further investigation.</td>
<td>• To review our shared intelligence for every territorial board in Scotland during 2016/17.</td>
<td>Claire Sweeney</td>
<td>55,837</td>
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| Effective Care Programme | Through the Effective Care programme, support NHS Boards to reduce unwarranted variation in the delivery of care interventions so as to improve outcomes and reduce costs. | Citizens, patients, carers, families & communities; NHS Boards and UHIs; Clinicians and Care Staff; Scottish Government, NSS | | A team has been assembled to take the programme development forwards including:  
- Programme lead (head of improvement support)  
- A clinical lead 5 sessions a week  
- 0.5 wte Improvement advisor  
- 0.3 wte Associate Improvement advisor  
The programme approach was presented to Board Chief Executives, who are sponsoring this programme, on 11th October. This was well received and Board Chief Executives have agreed to nominate clinical and managerial leads to support the programme.  
Following this the team will work with boards to agree which pathways or segments of pathways each board will select to work on with the programme so each board is working on this by March 2017.  
The team will also work with boards to develop support for the programme at a local level.  
A business case is being prepared to outline resources needed at national level including within HIS to support the programme in 2017/2018 and the 2 subsequent years of the programme. This will be ready by November 2016. | | | Ruth Glassborow | |
Build on the implementation of the national framework for learning from adverse events, through reporting and review, which supports service improvements and enhances the safety of our healthcare system for everyone.

Ensure the appropriate integration of elements of this work with other work across HIS.

Aim to improve observation practice through therapeutic engagement with suicidal, violent or vulnerable patients to prevent them from harming themselves or others at times of high risk during their recovery.


- 6 boards have now recruited local leads for SPSP-Improving Observation Practice.
- Currently developing tools and resources driver diagrams, change packages, care bundles.
- Provide a measurement framework to support boards to understand their own progress and measure against best in class.
- Working with test sites on regular assessments of progress against aims
- Networking meetings for test sites are happening every 2 months with a plan for regular site visits in place.

- Positive patient, carer and staff feedback is the key indicator.
- Other measures are currently being considered by the 6 test sites.
- A measurement plan is currently being developed.

- Regular process data will be captured and we will explore mechanisms to capture outcome data in relation to process improvements.
- Patient and carer group to be established to support

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<td>Learning from Adverse Events</td>
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| People are empowered with knowledge and confidence to manage their own care or others care and help shape services: | A. We continue to sustain the adverse events community of practice to share good practice, learning points, guidance materials and tools. 3 guidance/process documents were shared between August and October on the adverse events community of practice and with relevant key contacts/ stakeholders.
B. On 13 September we published a report detailing findings from our engagement with 40 members of the public around sharing learning in the public domain.
C. We completed the quality assurance process for 76 suicide review reports between August and October. We liaised with 6 NHS boards regarding quality assurance queries relating to 11 reports. We received 16 responses relating to previous quality assurance queries, allowing cases to be closed on our system. Over the 3 months, 3 reports met the threshold for notifying the Mental Welfare Commission.
D. On 14 September, we held a joint event with the Health & Safety Executive and SPSP-MH promoted discussion and knowledge about clinical risk management decision-making and health and safety risk management within mental health services and how the two can strengthen and complement each other. We received positive feedback from attendees on the usefulness of the event. One of the workshop groups described the HIS suicide discussion framework as a "catalyst for change".
E. We received good feedback on our joint event with Police Scotland held on 3 October particularly around the benefits of | [A. We supported spreading learning and good practice around adverse events through 3 guidance/process documents.
B. Our publication and circulation of feedback from public engagement to key contacts and stakeholders provided people with knowledge about what the public would like to see in the public domain around sharing learning from adverse events. Colleagues from other HIS directorates provided positive feedback on the report.
C. An NHS board commented on the usefulness of our guidance around what we are looking for in suicide review reports and informed us of their intention to include our guidance within their suicide review process pack.
D. The joint event with the Health & Safety Executive and SPSP-MH promoted discussion and knowledge about clinical risk management decision-making and health and safety risk management within mental health services and how the two can strengthen and complement each other. We received positive feedback from attendees on the usefulness of the event. One of the workshop groups described the HIS suicide discussion framework as a "catalyst for change".
E. We received good feedback on our joint event with Police Scotland held on 3 October particularly around the benefits of | | Ruth Glassborow | 163,892 |
| Learning from Adverse Events               |            |                                          |                                    |            |                       |                            |               |                 |
| People are empowered with knowledge and confidence to manage their own care or others care and help shape services: | A. We continued to sustain the adverse event community of practice by sharing good practice, learning points, guidance materials and tools. 3 guidance/process documents were shared between August and October on the adverse events community of practice and with relevant key contacts/stakeholders.
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D. The joint event with the Health & Safety Executive and SPSP-MH promoted discussion and knowledge about clinical risk management decision-making and health and safety risk management within mental health services and how the two can strengthen and complement each other. We received positive feedback from attendees on the usefulness of the event. One of the workshop groups described the HIS suicide discussion framework as a "catalyst for change".
E. We received good feedback on our joint event with Police Scotland held on 3 October particularly around the benefits of | [A. We supported spreading learning and good practice around adverse events through 3 guidance/process documents.
B. Our publication and circulation of feedback from public engagement to key contacts and stakeholders provided people with knowledge about what the public would like to see in the public domain around sharing learning from adverse events. Colleagues from other HIS directorates provided positive feedback on the report.
C. An NHS board commented on the usefulness of our guidance around what we are looking for in suicide review reports and informed us of their intention to include our guidance within their suicide review process pack.
D. The joint event with the Health & Safety Executive and SPSP-MH promoted discussion and knowledge about clinical risk management decision-making and health and safety risk management within mental health services and how the two can strengthen and complement each other. We received positive feedback from attendees on the usefulness of the event. One of the workshop groups described the HIS suicide discussion framework as a "catalyst for change".
E. We received good feedback on our joint event with Police Scotland held on 3 October particularly around the benefits of | | Claire Sweeney | 243,229 |
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| Learning from Adverse Events (CONT) | | | | Procurator Fiscal and NHS Borders on 7 September and with the State Hospital on 10 October to discuss the role of the Procurator Fiscal and how to improve widespread learning from death investigations.  
G: A programme board meeting took place on 5 September (21 attendees, with representation from 9 NHS boards, Scottish Government, Care Inspectorate, National Education for Scotland, 1 Integrated Joint Board, RCGP Scotland and 2 public partners).  
H: We facilitated a Non-Executive Directors Network meeting on 6 September with attendees from across 8 NHS boards to support non-executives in their role in challenging executives and providing assurance to the board and to provide an opportunity for them to share experiences and learning.  
I: We facilitated a peer support meeting on 23 August with 6 NHS boards to discuss how particular challenges for smaller boards might be met.  
J: We continued to attend and influence the Scottish Government’s Duty of Candour Monitoring Group, which is responsible for developing the monitoring arrangements for the statutory duty of candour, and are now a member of the core project group supporting implementation of the duty of candour. We presented at the Holyrood Duty of Candour event on 19 October about the links between adverse events and the emerging Duty of Candour.  
K: We shared our work with colleagues from the Irish Health Services Executive who visited us on 20 September to hear about our national framework and our approach to reviewing events; developing a supportive culture; capacity and capability for review; timescales; sustainability and the sharing of learning. We also visited the Regulation and Quality Improvement Authority (RQIA) in Northern Ireland on 6th October following an invitation to share our approach. | working across boundaries between services and professions, and sharing helpful models of thinking.  
Best practice is reliably spread and its implementation supported:  
A. There were 96 unique page views of the learning summaries shared on the community of practice site in August, 86 in September and 95 in October. This compares favourably with the baseline medium of 58 unique page views per month in the first 12 months (Jan-Dec 2015).  
F: We helped improve awareness about sharing learning from death investigations through facilitating a meeting with the Procurator Fiscal for both NHS Borders and the State Hospital.  
G: Our programme board continues to support the spread of best practice and learning through widespread representation on the group and cascading of information from the meeting. Following the 5 September meeting, one of the members tweeted “So striking at programme board today how @online_his adverse events team helping support integrated view of learning across care settings”.  
H: NHSScotland Non-Executive Directors provided positive feedback at the 6 September network meeting on the safety checklist we developed to support them to ask pertinent questions at Board meetings. They viewed the safety checklist as a useful tool particularly for inducting new non-executives, and potentially a useful tool for patient representatives to help their understanding of the safety agenda.  
K: We received very positive feedback from the Irish Health Services Executive on our approach and processes around adverse events.  
The public, care providers, NHS boards and Scottish Government are assured that the quality, safety and sustainability of care is appropriately assessed:  
C: 76 suicide review reports were quality assured, and feedback where appropriate provided to NHS boards. | | | | |
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| **SPSP - Dentistry**  | The dental arm of the SPSP Primary Care programme seeks to embed quality improvement processes into every day practice. We will do this by identifying areas for improvement and raise awareness of a safety culture amongst practices. | Dentists, Dental Practice Staff, Dental Nurses, Hygienists, NHSS Health Board Staff and Patients their families and carers | - Dental teams have completed a safety climate survey and will review their reports and create their action plans in October.  
- A number of dental practice teams are currently collecting data ensuring accurate medical histories with risk escalation processes for those on High Risk Medicines.  
- We will hold a steering group meeting on the morning of 12 October followed by a data workshop. This workshop will focus on creating and interpreting run charts and using our data to highlight improvements.  
- Planning is underway for a national learning session on 9 November.  
- A proposal is being drafted to support the next phase of this collaborative. | - 95% of participating dental teams will be developing safety culture through the use of a dental safety climate survey.  
- In participating dental practices, 95% of patients will have accurate medical histories recorded by December 2016  
- Regular process data will be captured and we will explore mechanisms to capture outcome data in relation to process improvements. | - 95% of participating dental teams will be developing safety culture through the use of a dental safety climate survey.  
- In participating dental practices, 95% of patients will have accurate medical histories recorded by December 2016  
- Regular process data will be captured and we will explore mechanisms to capture outcome data in relation to process improvements. | - Regular process data will be captured and we will explore mechanisms to capture outcome data in relation to process improvements. | Ruth Glassborow | 38,595 |

**Contribution 5 - providing independent external assessment of the sustainability of service provision, including the design of health and social care services which offer better outcomes and value for money.**

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| **SMC Core Business** | Deliver robust SMC decisions and continue to refine the process.            | NHS boards, patients and Patient Groups, clinicians, pharmaceutical companies.                               | For the period August – September 2016 SMC published advice for:  
- 10 full submissions  
- 3 resubmissions  
- 5 abbreviated submissions  
In October SMC will publish advice for:  
- 6 full submissions  
- 1 resubmission  
- 1 abbreviated submission | - Indicators Under Development                                                                                                                                  | - To be developed                                                              | - To be developed                                                              | Sara Twaddle | 1214143 |
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<td>Scottish Health Technologies Group</td>
<td>Provide advice on the evidence about the clinical and cost effectiveness of existing and new non-medicine technologies likely to have significant implications for patient care in Scotland.</td>
<td>Citizens, patients, carers, families &amp; communities NHS boards, integration joint boards, health &amp; social care partnerships &amp; support staff in health &amp; social care Scottish Parliament &amp; Scottish Government Other national organisations Our staff</td>
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<td>Implement key actions from the Non-Medicines Technologies Strategic Plan (2016–2018), including the commissioned work on landing zones for advice within NHSScotland.</td>
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<td>Non Medicines Technology (NMT) Strategic Plan</td>
<td>Driving improvements in non-medicine technologies (NMT)</td>
<td>The SMTG ‘landing zone’ report is now completed. It outlines a number of recommendations to the Scottish Government Innovation Partnership Board (IPB). These recommendations, if accepted, will directly impact the related NMT draft outcomes.</td>
<td>Support innovation: Two Innovative Medical Technology Overviews wound care technology statements were published on Granulox and SEM scanner. Evidence reviews: An Evidence Note and Advice Statement were published on endovascular therapy using mechanical thrombectomy devices for patients with acute ischaemic stroke.</td>
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<td>Scottish Health Technologies Group (SHTG): Outcomes framework and related indicators for the overall SHTG programme are currently under development. Non Medicines Technology (NMT) Strategic Plan: Indicators under development. Draft framework agreed. Identified outcomes include:</td>
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<td>• raise and improve awareness of the importance of safe, clinical and cost effective use of NMTs. • ensure that evidence assessment and improvement information are considered by the most appropriate local groups • a shared framework for the assessment of NMTs is applied at local level Innovative Medical Technology Overviews (IMTOs)</td>
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<td>• Proportion of enquiries that led to submissions; • proportion of adequate submissions; • number of improved submissions following feedback • Proportion of boards satisfied with product</td>
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<td>• Boards/Procurement consideration of IMTOs in decision making; • Proportion of IMTOs that lead to contracts</td>
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<td>Outcomes under development. However, a key outcome for SHTG is informing service planning and delivery decisions regarding non medicine technologies. Key outcomes to report related to this include:</td>
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<td>• Establishment of a Scottish Government short-life working group (SLWG) to implement across NHSScotland the recommendations made within the SHTG HTA on antimicrobial wound dressings. • SHTG received a letter of thanks from the national PET-CT working group for evidence reviews across a number of indications that have directly informed their PET-CT commissioning decisions for NHSScotland. Innovative Medical Technology Overviews (IMTOs)</td>
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<td>• A steady stream of IMTO enquiries continues to be received. • Granulox re-submission from manufacturer included de-novo economic evidence generated specifically for NHSScotland significantly improving the adequacy of the company submission for assessment purposes.</td>
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| SMC - Implementation of new medicines review recommendations | Consider and implement recommendations arising from the ‘Montgomery review’ relating to the policy change for new medicines. | NHS boards, patients and Patient Groups, clinicians, pharmaceutical companies. |  | • Dr Alan McDonald has been appointed chair of the Scottish Medicines Consortium and will succeed Professor Jonathan Fox in April 2017.  
• Dr Michael McMahon has been appointed chair of the New Drugs Committee and will succeed Alan McDonald in January 2017.  
• A training event for the Pharmaceutical Industry was held at the Glasgow City Hotel on 25th September. The event had 24 attendees with very positive feedback.  
• The annual horizon scanning report (Forward Look 12) is being finalised and will be made available to key named persons in NHS Boards at the end of October 2016. | • Indicators Under Development | • To be developed | Sara Twaddle | 850,315 |
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| Scottish Antimicrobial Prescribing Group (SAPG) | Support the work of SAPG in containing the spread of Antimicrobial Resistance (AMR) in Scotland and reducing patient harm by maintaining the national antimicrobial stewardship agenda from Healthcare Associated Infection (HAI). | NHS boards; Other national organisations; health & social care partnerships; Citizens, patients, carers, families & communities; Scottish Parliament & Scottish Government | National network event focusing on primary care 01/11/16. SAPG core work programme and additional projects are on track against project plans and communicated to Scottish Antimicrobial Resistance and Healthcare Associated Infection (SARHAI) and Controlling Antimicrobial Resistance in Scotland (CARS) groups. Plans for next year’s work are being developed to secure HAI funding. | Surveillance and informatics work stream –  
- The annual report on antimicrobial use and resistance 2015 was published at the end of August.  
- Outputs from the Infection Intelligence Platform studies are being used to scope clinical decision support tools utilising risk based modelling to inform individual patient treatment.  
Education work stream –  
- Evaluation of education workbook for nurses and midwives is ongoing. A staff survey for all boards and focus groups in a sample of boards will take place in October and November.  
- Development of new resource for GP Practices is ongoing. New content has been developed and original content reviewed. The new content is being piloted in 12 GP training sessions across 3 health boards.  
- Plans and resources for European Antibiotic Awareness Day (EAAD, 18th November).  
Quality improvement work stream –  
- New quality indicators to reduce unnecessary use of antibiotics in hospital and primary care have been agreed and will be implemented in 2017. The antimicrobial app will be further developed to collect data for these indicators.  
- Interviews with clinicians across 4 board areas to seek views on prescribing of carbapenems. | Publication of annual report. Update reports from projects.  
Agreement of new quality indicators with Scottish Government. | To be developed | Sara Twaddle | £18,229 (some funding goes to NSS and NES) |
### Contribution 6 - to play our part in raising the quality of health and social care, by providing more proactive intervention and support underpinned by robust, timely and integrated intelligence.

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<td><strong>Tailored and Responsive Improvement Support Team (TRIST)</strong></td>
<td>Ensure the Tailored and Responsive Improvement Support Team (TRIST) is deployed effectively to meet needs in health and social care: a) in response to proactive requests from NHS Boards and Health and Social Care Partnerships for improvement support to address local key priority issues. b) to work with services to support them in addressing key findings from inspection/scrutiny reports.</td>
<td>NHS boards and Health and Social Care Partnerships</td>
<td>91 requests made to TRIST for support (as of Sept 2016) which have led to 20 projects - 5 completed and 15 ongoing. As of 5/10/2016, 36 requests have been recorded for support from the Framework Agreement for Improvement Associates since it went live in mid-May. 13 contracts with Improvement Associates are now live. TRIST currently provides 5 levels of support from signposting and brokering links through to supporting programmes of change and improvement in localities. An audit of the Framework Agreement will take place in Autumn 2016 to inform a decision on re-procurement of Framework Agreement in early 2017.</td>
<td>Data is collected on the number of TRIST: requests; live projects; projects completed. Feedback and evaluation of completed projects is gathered as well. The data for this immediate and short-term impact is being collected on an ongoing basis. The medium to longer term evaluation of TRIST will be based on a logic model approach (draft logic model completed and is being tested). In terms of the Framework Agreement for Improvement Associates, data is collected about: requests; live contracts; and contracts completed. Feedback and Evaluation is also carried out for completed projects.</td>
<td>1. Outcomes will be around improvements made in the safety culture within the pharmacy profession and awareness of new legislation around decriminalisation of inadvertent dispensing errors. Awareness can be measured numerically and qualitatively, and long term through monitoring the use of the safety climate survey tool in pharmacy. 2. Outcomes will be around improving intra professional collaboration and improvements to patient care – both of these questions will be asked as part of the seminar evaluation. As the workshops will focus on solutions we anticipate topic discussions will feed into national strategies. 3. Shared learning to support implementation of HEPMA leading to safer use of medicines and better patient care.</td>
<td>Ruth Glassborow</td>
<td>492,887</td>
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<td><strong>Strategic Delivery Plan: Medicines</strong></td>
<td>Through the Strategic Delivery Plan: Medicines, improve safe and effective use of medicines through empowering people to manage their own care and shape services. This includes supporting reliable spread and supported implementation of best practice, and assessing the quality and safety of healthcare.</td>
<td>Citizens, patients, carers, families &amp; communities. Pharmacy professionals and the wider clinical community, NHS boards, health &amp; social care partnerships, Scottish Parliament &amp; Scottish Government.</td>
<td>1. Presentation slides for Pharmacy Quality Roadshows have now been finalised and will be disseminated to NHS boards for local delivery or viewing online at the beginning of October. 2. A seminar for Directors of Pharmacy / Pharmacy Special Interest Groups is being held on 7 October focussing on solutions to key strategic challenges (transformation of primary care, clinical benchmarking, Carter Review, Efficient and effective prescribing). 3. A workshop will be held on 15 November 2016 to support NHS Boards to have a greater understanding of the national Hospital Electronic Prescribing and Medicines Administration (HEPMA) work and the opportunity to explore the development of regional HEPMA roadmaps. This follows a letter from the Scottish Government around national implementation of HEPMA</td>
<td>1. The Quality roadshows are to be run in conjunction with quality improvement workshops and capacity building will take place through a training for trainers to enable local facilitation. The focus is around error reporting and use of the safety climate survey tool. Boards will be asked to report on numbers that have accessed the presentation / workshop and workshops will be qualitatively evaluated. 2. Attendance from all pharmacy special interest groups across Scotland, evaluation of the event, and actions that can improve services as a result of the event. 3. Attendance from boards, and positive evaluation. Boards will take away key actions from the event as a means of developing regional collaboration and business cases and there will be a follow up event in the spring of 2017</td>
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<td>Brian Robson</td>
<td>155,586</td>
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| Hospital Standardised Mortality Ratio (HSMR) | Provide timely and practical analysis and support, in respect of the Hospital Standardised Mortality Ratio (HSMR), for NHS boards to help drive improvement in patient care. | The primary target audience for this work is senior managers and clinicians – and the ultimate aim is to help drive improvement for the benefit of patients and their families. | • We have quarterly meetings with ISD to review the HSMR data.  
• We engage with Boards with a higher than average or increasing HSMR which includes communication and site visits to the said Board, provide improvement support and engage with clinical stakeholders to support this work.  
• We are currently engaging with four health boards about a higher than average or increasing HSMR for six hospitals. | • Patterns on HSMR data, and feedback from NHS boards on value of support provided. | • Progress – HSMR reducing at Scotland level and positive feedback about the support provided | Brian Robson | 107,051 |
| Evidence and Evaluation for Improvement Team (EEvIT) | Support the design and delivery of improvement programmes and projects so that they are based on current evidence and incorporate approaches to monitoring and measuring their impact. For health and Social Care partners, support from EEvIT is available via the Tailored and Responsive Improvement Support Team (TRIST) | NHS boards and Health and Social Care Partnerships | • 60 requests made to EEvIT for support (as of Sept 2016) which have led to:  
  o 27 completed projects,  
  o 24 ongoing projects  
 EEvIT currently draws on a range of analytical expertise in economics, research, information science, evaluation and report writing.  
 EEvIT is currently operating primarily as an internal hub support and a dedicated team leader for EEvIT comes into post in September 2016. | • Data is collected on the number of EEvIT: requests; live projects; and projects completed.  
• After action reviews are used to gather immediate feedback and evaluation.  
• The data is being collected on an ongoing basis. The medium to longer term indicators and impacts are being developed by using a logic model approach, which is under development and a working draft is available (by end of 2016). | • Longer term assessment of progress will be designed alongside the logic model. | Ruth Glassborow | 267,446 |
| Improvement Fund | Provide grant awards to applicants with a strong proposal to either test a change idea locally or spread improvement nationally. The aim of the fund is to invest in and expand innovative practices that demonstrate impact on the national health and wellbeing outcomes. | NHS boards and Health and Social Care Partnerships | • The Improvement Fund launched in late September 2016.  
• Up to July 2016, the Improvement Fund Advisory Group and HIS Executive Team have signed off the Fund's objectives, criteria and award process.  
 The process is currently being trialled with 2 project ideas. Since July, there have been 16 requests for information.  
 During the remainder of 16/17, £200k has been allocated to the Fund and awards will be made up to a maximum of £75k.  
 The Fund is aimed at new ideas that are ready to test and opportunities to take improvement to scale. | • Once launched, indicators will be available about the number of Expressions of Interest; Applications; Awards and funding levels; Reporting; and Evaluation.  
• Medium to longer-term impacts and indicators will be developed using a logic model approach and this work is under development (by end of 2016). | • Data not yet available. | Ruth Glassborow | 263,631 |
### Contribution 7 - supporting the leadership in NHS Boards and in health and social care partnerships to make the necessary changes to deliver a sustainable culture of continuous quality improvement.

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<td><strong>Implementing and Improvement Support of ADTC</strong></td>
<td>Following the Scottish Government response to the Health and Sport Committee inquiry into the access to new medicines in 2013 continue to provide effective support to the application of the recommendations as they pertain to ADTCs.</td>
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<td>• A national template has been developed to provide consistent terminology in relation to decisions on acceptance of medicines by ADTCs • Planning of the national ADTC event (24 November 2016) – Will my medicine make me better? Improving outcomes for people in Scotland • Medicines factsheet – evaluation being carried out by Robert Gordon University and accessible video version are being scoped. A factsheet on harms and benefits of medicines and how to help patients and clinicians improve shared decision making is also being developed to accompany the factsheet.</td>
<td>• Ensure standardised reporting of decision making across Scotland in relation to medicines, ensuring consistency across NHS board areas. • Conference evaluation, attendance, actions moving forward practice and improving patient care. • Qualitative evaluation and coverage.</td>
<td>• Improved public accessibility of decision making with regard to new medicines considered by SMC across Scotland. • Identifying how health and social care data can be used more effectively across Scotland to improve outcomes from medicines for patients. • Expected publication and distribution in March 2017.</td>
<td>Brian Robson</td>
<td>311,891</td>
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<td><strong>HEPMA Phase 2</strong></td>
<td>Support a collaborative approach to implementation of HEPMA across NHS boards ensuring lessons learned, minimisation of risk, and securing overall benefits of safer prescribing.</td>
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<td>• HIS is indentifying improvement support to one NHS board to implement a full business case in relation to this.</td>
<td>• Indicators to be developed</td>
<td>• To be developed</td>
<td>Brian Robson</td>
<td>170,268</td>
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<td><strong>Networks and knowledge exchange</strong></td>
<td>Develop and implement a network strategy to support the Improvement Hub and partners to connect and share learning.</td>
<td>NHS boards, integration joint boards, health &amp; social care partnerships, third sector, housing &amp; independent sector and Scottish Government</td>
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<td>• Network Strategy development workshop undertaken with Network consultant &amp; external stakeholders September 2016 • UK Improvement Alliance monthly webinar lead by Scotland • Integration Matters monthly webinar series commencing 24th October ’16 with topics covering home (Scotland) &amp; away (international) examples. The series will be hosted by IFIC - Scotland in collaboration with Healthcare Improvement Scotland, the Health and Social Care Alliance, the University of the West of Scotland and the Scottish School of Primary Care. • Secured early wave recruitment (February – May 2017) status for The Health Foundations Q Initiative • Strengthen the Links: 26 October 16. A cross sector collaborative event that forms a key part of the continuous learning and networking process about workforce issues arising as a result of the integration of health and social care.</td>
<td>• Indicators to be developed</td>
<td>• To be developed</td>
<td>Ruth Glassborow</td>
<td>184,255</td>
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</tr>
<tr>
<td>QI for Board Members</td>
<td>To create opportunities for Board Members to increase their understanding of QI so that they can lead and govern organisations to continuously improve and contribute to the 9 health and wellbeing outcomes.</td>
<td>NHS boards, integration joint boards, health &amp; social care partnerships, third sector, housing &amp; independent sector</td>
<td></td>
<td>• Over 100 NHS Board members attended National master class on 20th September • Evaluation and follow-up underway Second master class booked 21st February 2017</td>
<td>• Engagement levels with Master classes, Bespoke Sessions and Newsletter • Positive evaluations secured for all aspects of programme • Quality Portfolio Group satisfaction • Analysis of quantitative and qualitative data from events will provide us with information to demonstrate progress against short term outcomes • Medium and long term outcomes will take longer to assess progress • We expect that by the date of next master class (21st February 2017) that progress will have been made against actions that boards identified in September master class</td>
<td>• Over 100 Board members attended the master class from 21 of 22 NHS boards in Scotland • Preliminary evaluation shows 90% of delegates completing online survey found content was relevant and valuable to their role • Over 90% would recommend the event to their colleague • Qualitative survey response: “This was an excellent event which fearlessly explored the road to improvement, and also demonstrated some of the barriers that exist in Scottish healthcare.” • Survey is still live and further analysis will be undertaken throughout October to identify indicators of success and learning • 112 Twitter participants and over 500 tweets were tweeted using #qiforboardmembers • Additional bespoke session requests coming in</td>
<td>Ruth Glassborow</td>
<td>146,837</td>
</tr>
<tr>
<td>QI Skills Development</td>
<td>We develop the skills of staff working Health and Social Care services to support the work of quality improvement through funding 56 places a year on the Scottish Improvement Leaders course provided by NHS Education for Scotland.</td>
<td>Care providers &amp; support staff in health &amp; social care</td>
<td>Cohort 6 begun (20 places funded by ihub) Cohort 7 advertised (20 places funded by ihub) Annual Graduation event scheduled for 27/10/16</td>
<td>Evaluation model in place for SCIL SCIL programme positively evaluated (including participant impact 1year after programme) need further work to define measures for impact in service locally and nationally</td>
<td>1year post programme evaluation for Cohort 1 underway</td>
<td>Ruth Glassborow</td>
<td>180,000</td>
<td></td>
</tr>
<tr>
<td>Independent Sector (Partners for Integration Programme)</td>
<td>Take forward the Independent Care Sector programme which is designed to support the development of this sector as a full partner in delivering improvements in health and wellbeing at both strategic and local levels.</td>
<td>The programme is promoting the independent sector in a variety of fora and is directly involved in several national projects, committees and initiatives. This includes regular engagement with the Care Inspectorate, , NES, IRISS, SSSC, care providers, UWS, and HSCP’s</td>
<td>• Reducing Pressure Ulcers in Care Home is now underway and Local Integration Leads are actively participating in the Learning Sets. • The programme is supporting ‘Focus on Dementia’ improvement work with Specialist Dementia units. It is planned to include an Independent Sector Care Home as one of the Demonstrator sites. • “Partners for Integration” are hosting an Insight Session at the Scottish Care Conference which is being held on 18th November. This will be an opportunity to highlight and share innovative practice and new models of care. The programme will also be involved in a development session being held on 21st October – this session is for Providers and will focus on new models of care. The successes of Partners for Integration can be difficult to evidence precisely; the evidence is mainly qualitative at present. There is evidence of a sector which is increasingly much more engaged in and recognised as being key to the success of the integration agenda.</td>
<td></td>
<td>Ruth Glassborow</td>
<td>90,500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SUBJECT: Developing the Corporate Plan 2017-2020: Key Messages and Reflections So Far

1. Purpose of the report

This paper sets out the key messages, so far, from the engagement work in developing the Healthcare Improvement Scotland Corporate Plan 2017-2020. It also includes reference to work to date and next steps. This paper is also addresses the update requested by the Audit and Risk Committee to the outstanding Internal Audit action in respect of strategic and operational planning.

The paper is informed by corporate planning engagement sessions, as well as the ihub Committee session in September 2016.

The draft Corporate Plan will be initially considered by the Quality Committee in January 2017 followed by the Board in February 2017. A final three year corporate plan will be approved, alongside an operational plan for 2017-18, by 31 March 2017.

2. Key Points

The following are key points so far:

- the need to ensure a stronger focus on the added value of the work of Healthcare Improvement Scotland, as expressed in impactful and measurable outcomes and in return for investment;

- the need to build a more connected, coherent and cohesive range of responses to meet the needs of providers;

- the importance of testing very explicitly the relevance and added value of existing work, with the opportunity to do less, consistently well;

- the better use of knowledge and intelligence to inform practice and policy;

- the establishment of ‘priority themes’ for focus;

- a smaller and more focused set of priorities for the future.

3. Actions/Recommendations

The Board is asked to consider these key messages and reflections, ahead of the development of the Draft Corporate Plan 2017-2020.

Appendix:
1 – Developing the Healthcare Improvement Scotland Corporate Plan 2017-20
### SUPPORTING INFORMATION

#### RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td>6 - There is a risk that the benefits of integrating our evidence, scrutiny and assurance and quality improvement implementation support functions will not be realised because of a lack of understanding, application and commitment resulting in a failure to deliver our strategy. Rated medium. 9 - There is a risk that our work does not take account of the longer term, wider and evolving external environment because of a lack of horizon scanning, organisational appetite or capacity for change resulting in missed opportunities and reputational damage. Rated medium. 10 - There is a risk that the Executive Team and the Corporate Management Team do not create leadership capability and capacity within the organisation resulting in reduced effectiveness in delivering the strategy. Rated medium. 13 - There is a risk that the organisation does not effectively plan for health and social care integration agenda because of lack of understanding of the impact resulting in missed opportunities to drive improvement in health and care. Rated medium.</td>
</tr>
</tbody>
</table>

#### OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>This paper provides an update to the development of the corporate plan for 2017-20.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>Financial and workforce implications will be captured within the corporate plan.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work.</td>
<td>Engagement has been undertaken with the HIS Board, the Clinical Forum, the ihub Committee in respect of the work of the ihub and with HIS staff through a series of interactive corporate planning sessions.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work. Advise how the work:</td>
<td>The corporate plan will support delivery of the organisation’s seven contributions to transforming health and social care in Scotland. Use of resources will be reflected in the finance and workforce plans within the corporate plan.</td>
</tr>
<tr>
<td>- helps the disadvantaged;</td>
<td></td>
</tr>
<tr>
<td>- helps patients;</td>
<td></td>
</tr>
<tr>
<td>- makes efficient use of resources</td>
<td></td>
</tr>
</tbody>
</table>
DEVELOPING THE HEALTHCARE IMPROVEMENT SCOTLAND CORPORATE PLAN 2017-2020: SUPPORTING MORE INTEGRATED AND COMPASSIONATE CARE WITH BETTER OUTCOMES

1 INTRODUCTION

1.1 This paper sets out the key messages, so far, from the engagement work in developing the Healthcare Improvement Scotland Corporate Plan 2017-2020. It also includes reference to work to date and next steps.

1.2 The paper is informed by corporate planning sessions held with:

- staff
- the Executive Team
- the Corporate Management Team
- the Clinical Forum
- the Board

1.3 It also reflects the key messages from the ihub Committee initial prioritisation session in September 2016.

1.4 The draft Corporate Plan will be initially considered by the Quality Committee in January 2017 followed by the Board in February 2017. A final three year corporate plan will be approved, alongside an operational plan for 2017-18, by 31 March 2017.

2 STRATEGIC CONTEXT

2.1 The publication in 2014 of the strategy, Driving Improvement in Healthcare, set out the overall direction for the organisation working within the theme of ‘one organisation’. It provided the impetus for considering the greater integration and alignment of activities across Healthcare Improvement Scotland. More recently, the development of the Seven Contributions to Supporting the Transformation of Health and Social Care in Scotland reflected the need to ensure an appropriately integrated and cohesive approach by our organisation, in the context of the integration of health and social care, but also in the light of the growing complexity of the delivery of care.

2.2 The development of wider policy, such as Realistic Medicine and the National Clinical Strategy provide further broader context in which Healthcare Improvement Scotland needs to operate and contribute.

2.3 Consistent with public service reform, Healthcare Improvement Scotland has acknowledged the need for an increasingly integrated approach to our work in supporting improvements in the provision of health and social care in Scotland. For instance, it is acknowledged that ‘service change’ cannot be a matter for the Scottish Health Council to consider in isolation but requires different dimensions of Healthcare Improvement Scotland to work in an integrated fashion bringing together in different ways, evidence, quality assurance and quality improvement.
2.4 Healthcare Improvement Scotland also continues to make a significant contribution, not just in respect of supporting the drive to embed improvements in integrated health and social care, but in the wider public service reform space. For instance, we are working closely with the Improvement Service regarding the transformation of local services and through the Our Voice initiative building a stronger approach to enabling citizens to have a stronger say in the design and delivery of public services. Fundamentally, there is a need for transformational change to bring sustainability and to deliver health and wellbeing outcomes that cannot be delivered without active, engaged and informed citizens supporting service redesign.

3 KEY MESSAGES FROM ENGAGEMENT SO FAR

3.1 There has been a very positive and constructive process of engagement so far with stakeholders. The engagement sessions have sought to consider the future priorities in 2020 for Healthcare Improvement Scotland, when set against the Seven Contributions to Supporting the Transformation of Health and Social Care in Scotland and wider policy initiatives. The sessions have assessed the gap or alignment between the current priorities and the possible future vision.

3.2 The following are the major points or themes identified so far and which will be important in shaping thinking in developing the future Corporate Plan 2017-2020. These messages are the need for:

3.2.1 the consolidation of our work into a more focused set of priorities;

3.2.2 more flexible cross-organisational working;

3.2.3 a greater focus on outcomes and impact;

3.2.4 greater emphasis on utilising and sharing of intelligence within and beyond Healthcare Improvement Scotland to inform the future shape of care.

A More Focused Set of Priorities

3.3 A consistent and very strong message from all the sessions is the need to have a sharper focus on a smaller set of priorities, which are fully aligned to policy drivers, such as shifting the balance of care and more broadly the Seven Contributions to Supporting the Transformation of Health and Social Care in Scotland. There was a need for legacy requirements, grown from different drivers and sources, to be constructively challenged to test their current and future relevance, value for money and impact. This was especially important in the context of the integration of health and social care.

3.4 It was recognised that the potentially significant consolidation of our work – from currently around 89 strands of work – into a much tighter set of priorities would entail careful and sensitive negotiation regarding future priorities. In doing so, it was felt that there was a considerable opportunity to have a better balance between resources for nationally commissioned work and the more ‘bottom up’ and agile response required to meet local needs. Moreover, it would provide a fresh perspective on the added value and contribution of Healthcare Improvement Scotland in meeting the challenges of improving the quality of care in a complex environment.
More Flexible Cross-Organisational Working

3.5 There are good examples of cross-organisational working and the engagement has so far acknowledged this, but has also highlighted the opportunity for this work to be accelerated. The establishment of priority themes (such as mental health and service change) would enable further rationalisation of work, better co-ordination and greater sharing of knowledge and expertise. Externally, it would provide a clearer and simpler narrative about the contribution being made by Healthcare Improvement Scotland.

3.6 The proposed distribution of Executive Team directors to provide geographical leadership/relationship management with IJBs/NHS boards is an important step forward in building a more consistent connection with delivery partners

A Greater Focus on Impact and Outcomes

3.7 Crucially, we will need to ensure continued relevance, focus on outcomes and added value in our work. It is essential that every ‘Healthcare Improvement Scotland pound’ clearly contributes to quantifiable and measurable impact over time.

3.8 The engagement exercise has also identified the need to ensure consistent and clear communication regarding our role and contribution – as expressed through our Seven Contributions to Supporting the Transformation of Health and Social Care in Scotland. Work is being advanced to ensure that there is a clear and consistent narrative regarding the seven contributions and how we are organised to support their implementation.

A Greater Emphasis on Utilising and Sharing Intelligence

3.9 The engagement exercise has acknowledged positive steps in sharing intelligence between Healthcare Improvement Scotland and other agencies. It has also been recognised that there is a need for a stronger approach to sharing knowledge and intelligence to reflect current good practice, inform future priorities and future policy. The opportunity, for instance, to identify leading indicators (rather than lagging indicators) indicators which could better identify the conditions and culture for success was highlighted.

4 SUMMARY

4.1 The following are key messages from the engagement so far:

4.1.1 the need to ensure a stronger focus on the added value of the work of Healthcare Improvement Scotland, as expressed in impactful and measurable outcomes and in return for investment;

4.1.2 the need to build a more connected, coherent and cohesive range of responses to meet the needs of providers;
4.1.3 the importance of testing very explicitly the relevance and added value of existing work, with the opportunity to do less, consistently well;

4.1.4 the better use of knowledge and intelligence to inform practice and policy;

4.1.5 the establishment of ‘priority themes’ for focus;

4.1.6 the need for bold discussions and decision-making to adopt this different approach to our work.

5 NEXT STEPS

5.1 The key messages from the engagement sessions to date as set out in this paper will be further refined and support the development of the first draft 3 year plan for consideration at the Quality Committee in January 2017.

5.2 Internally, we will be developing the plan through ET and CMT meetings in December and early January 2017. We will also run a series of staff sessions in February 2017, in order to share the direction of travel with staff and build on the successful engagement throughout Autumn to ensure our staff understand the priorities for 2017/18 and beyond.

5.3 Our external engagement on our corporate plan will begin with an event planned for early 2017, where we will host a ‘listening’ exercise with key stakeholders, including representatives from the clinical community, IJBs and NHS boards, as well as representatives from the third sectors, professional regulators and our public partners.

5.4 This event will be the first in a series of opportunities over the coming months, to continue conversations with our stakeholders on how we will be realigning our strategic priorities over the coming years, understanding what is important to them and how they can help shape our work to best meet their needs. This work will be integrated as part of our ongoing stakeholder engagement, and careful management will ensure that this process is not seen in isolation from the existing engagement underway throughout the organisation.

5.5 This work will be led by the Associate Director for Strategic Engagement and Relationship Management, and form a key part of the development of the final draft for consideration by the Board in February and March 2017.
SUBJECT: Joint Strategic Inspections

1. Purpose of the report
To update the Board on the progress with the joint strategic inspections and to provide a final report from the Methodology of Adult Inspections Short Life Working Group.

2. Key Points
The Public Bodies (Joint Working) (Scotland) Act 2014 (The Act), sets out a framework for integrating adult health and social care services, through the introduction of Integration Authorities. This legislation included a requirement that Healthcare Improvement Scotland and the Care Inspectorate assess progress in establishing joint strategic commissioning and the early impact of integration from April 2017.

The Care Inspectorate and Healthcare Improvement Scotland have been working together to carry out joint inspections of services across local authorities and NHS boards for a number of years. The introduction of the Act offers the opportunity to refocus and reform this work.

Revising the focus of our joint inspection activity across Healthcare Improvement Scotland and the Care Inspectorate presents a number of challenges, not least due to the pace of change in public services across Scotland. But most importantly it also presents opportunities to undertake a more sophisticated assessment of services across public sector organisations, working in partnership across improvement and assurance agencies and to add real value to the developing integrated agenda.

To develop a new approach to joint strategic inspections, the Board of Healthcare Improvement Scotland and the Care Inspectorate established a short life working group. The short life working group has acted on behalf of both Boards in overseeing the initial development of the new approach and offering recommendations for next steps.

The short life working group has:
- considered and addressed the learning from joint inspections for older adults to date;
- considered the likely development path of the integration of health and social care and implications for future scrutiny;
- identified the future focus, priorities and approach to joint scrutiny, including evaluation of joint strategic plans;
- developed an appropriate methodology and approach to joint scrutiny, including scope, including a detailed work plan, risk matrix and strategic focus for the work; and
- presented recommendations for consideration to the boards of Healthcare Improvement Scotland and the Care Inspectorate.

This report provides a summary of the work of the group and highlights next steps.

3. Actions/Recommendations
The Board is asked to endorse the final report from the short life working group.

Appendices:
1. Final Report: Methodology of Adult Inspections Short Life Working Group
2. Methodology Review Action Plan
3. High Level Advisory Group - Terms of Reference
If you have any questions about this paper please contact Claire Sweeney
Claire.sweeney2@nhs.net, 131 623 4719 (Ext: 8668)

SUPPORTING INFORMATION

RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>This is part of our remit to carry out a programme of work focused on joint strategic commissioning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>This work has significant resource implications, but these are being planned for alongside resources from the Care Inspectorate.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work?</td>
<td>An external reference group know as the High Level Advisory Group is in place. We are in the process of recruiting additional clinical support for the programme. A communications strategy sits alongside the work.</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work? Advise how the work:</td>
<td>This work is a part of our overall programme of work and focuses on a range of services for adults receiving health and social care services. Equality and diversity is considered as part of the work.</td>
</tr>
<tr>
<td>• helps the disadvantaged;</td>
<td></td>
</tr>
<tr>
<td>• helps patients;</td>
<td></td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
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</tbody>
</table>
Final Report: Methodology of Adult Inspections Short Life Working Group

Background

On 12 December 2011, the Scottish Government announced its intention to integrate adult health and social care services, with a focus on improving outcomes for people across Scotland. In line with this policy direction, Healthcare Improvement Scotland and the Care Inspectorate developed a model for the joint inspection of health and care services for older people. Two pilot inspections took place in 2012/13, and three joint inspections in 2013/14. A programme of joint inspections was then rolled out, with six joint inspections carried out in 2014/15 and a further six in 2015/16.

During this time, the reform of health and social care services continued, with a move to more integrated models of health and care services. This major reform culminated in the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act).

The Act sets out a framework for integrating adult health and social care services, through the introduction of Integration Authorities. This legislation included a requirement that Healthcare Improvement Scotland and the Care Inspectorate assess progress in establishing joint strategic commissioning and the early impact of integration from April 2017.

Revising the focus of our joint inspection activity across Healthcare Improvement Scotland and the Care Inspectorate presents a number of challenges, not least due to the pace of change in public services across Scotland. But most importantly it also presents opportunities to undertake a more sophisticated assessment of services across public sector organisations, working in partnership across improvement and assurance agencies and to add real value to the developing integrated agenda.

Initial integration timescales

By 1 April 2016, in line with legislation, all Integration Authorities were operational, taking on responsibility for budgets and services. Integration Authorities have developed strategic plans for integrated functions and budgets under their control. The strategic plan is the output of the strategic commissioning process.

When an Integration Authority has implemented their strategic plan for a period of at least a year, it will report on its performance in relation to planning and carrying out the integration functions.
In order to allow time for Integration Authorities to implement their new arrangements and to allow time for development of the new approach to inspection, joint strategic inspections of the new approach will not begin until 1 April 2017 at the earliest.

**Establishing the Methodology of Adult Inspections short life working group**

On 24 April 2015, a joint report by Healthcare Improvement Scotland, the Care Inspectorate and Audit Scotland was presented to the Joint Inspection Bodies Strategic Scrutiny Group setting out plans for reviewing and monitoring the implementation of the new arrangements to integrate health and social care services in Scotland.

This resulted in the Board of Healthcare Improvement Scotland and the Care Inspectorate establishing a short life working group to be co-chaired by a Non-Executive Director from each organisation. This was taken forward by John Glennie on behalf of Healthcare Improvement Scotland and David Wiseman on behalf of the Care Inspectorate. The short life working group has acted on behalf of both Boards in overseeing the initial development of the new approach and offering recommendations for next steps.

The purpose of establishing the short life working group was to:

"to consider the scope, effectiveness and impact of the current strategic inspections of adults/older people in the context of this changing scrutiny landscape and how that should be refined and developed over the course of 2016/17 and beyond."

To do this, both Boards asked the group to:
- consider the learning from joint inspections for older adults to date;
- consider the likely development path of the integration of health and social care and implications for future scrutiny;
- from the above consider the future focus, priorities and approach to joint scrutiny, including evaluation of joint strategic plans;
- develop an appropriate methodology and approach to joint scrutiny, including scope; and
- present recommendations for consideration to the boards of Healthcare Improvement Scotland and the Care Inspectorate.

The first meeting of the Short Life Review Group took place in August 2015 and there have been 14 meetings of the group, up to and including September 2016.
The group started by identifying what was working well and areas for improvement in the current joint inspection model, with a view to transferring this learning to the new approach. The review group briefed both Boards on the outcome of this work in December 2015, highlighting a number of areas requiring action or consideration to support the development of the joint work.

**Progress since December 2015**

Over the last year we have made significant progress towards revising the methodology of the joint strategic inspections. While we will have a revised inspection model in place to commence inspections in April 2017, the focus of these joint inspections is likely to flex and develop over time, because of the changes underway across public services and the move to a more community-based and outcomes focus system. While we will have a clear process and framework for our joint inspection of adult services by April 2017, this will not represent a fixed and inflexible model.

A work plan setting out the key actions of the group since December 2015, current areas of development and future plans, is set out at Appendix 1. The main areas of development are summarised below.

To support the development work, it was agreed that the action plan would be co-ordinated by Carol Crowther (retired Associate Nursing Director, NHS Lothian) on behalf of Healthcare Improvement Scotland, and Lawrie Davidson, then Acting Depute Director of Inspection in the Care Inspectorate now Strategic Lead Scrutiny & Improvement Support.

**High Level Advisory Group**

In March 2016, a High Level Advisory Group (HLAG) to support the redesign of the methodology met for the first time. The purpose of the group is to provide advice and guidance to Healthcare Improvement Scotland and the Care Inspectorate on the development and implementation of revised inspection methodology for the joint strategic inspections of health and social work services for adults. Members are responsible for sharing information on the development of the new methodology within their organisations and sectors and seeking feedback, to help raise awareness. The Terms of Reference for the Group are attached (Appendix 2). Membership of the group includes representatives from across NHS, Local Government, professional bodies, other scrutiny and improvement organisations and from the voluntary and private sectors.

**Joint Development Day**
At a joint development day for key managers of both organisations held in Musselburgh on Friday, 13 May 2016 which was co-chaired by Claire Sweeney, Interim Director of Quality Assurance, Healthcare Improvement Scotland and Kevin Mitchell, Director of Scrutiny & Assurance, Care Inspectorate, agreement was reached on core focus areas for a revised model of inspection. We have engaged with stakeholders through the High Level Advisory Group, who endorsed the proposed approach.

The completion of this task represents a significant milestone for both organisations and allows key tasks outlined in the joint action plan to be progressed.

A new approach
In designing the new approach to strategic inspections of adult services, the team have considered feedback on the current model, drawing together a range of intelligence and considered the key issues facing integrated partnerships. The team have identified 6 core areas which will form the basis of the new joint strategic inspections, with a focus on where we can most add value as the partnerships develop.

1. Context, background
2. Leadership and culture
3. Strategic planning
4. Clinical and care governance
5. Getting the right help at the right time
6. Experience and outcomes
Work is well underway to develop the underpinning detail to support this approach. In summary the following provides more detail on the focus of the 6 core areas set out above:
1. Context, background

- Clear messages up front about what we have found, what the evidence tells us and the context in the local area
- Key messages
- Key outcome measures
- Key performance data
- Key strengths, areas for improvement and good practice

2. Leadership and culture

- This will draw out important messages about the quality of local leadership and culture - critical for success
- Vision, values and culture
- Promotion of partnership working
- Joint strategic leadership
- Capacity to improve
- Governance

3. Strategic planning

- We will set out the scope and influence of the partnership and comment on the progress being made in each of the following areas
- Strategic Plan
- Needs analysis
- Consultation and involvement
- Strategic commissioning
- Resources including money
- Workforce
- Buildings and assets (including community assets)
- IT

4. Clinical care and governance

- We will have a separate focus on clinical and care governance, given the challenges and importance of this issue
- Assessment (needs and risks)
- Care planning
- Review

5. Getting the right help at the right time

- Because of the difficulties in ensuring that services are sustainable and the impact on the population, we will have a focus on this area, including:
  - Early intervention
  - Prevention
  - Self-management
  - Re-ablement and intermediate care
  - Access to information

6. Experience and outcomes

- We propose a key focus on outcomes and the experience of services
- Experiences of staff, communities and people
- People who use services
- Families
- Carers
- Outcomes
Essential areas

There are a number of other areas where it is important that the partnership does not lose focus, despite the degree of change within the system. We have identified the following key areas which will be included in future inspections.

Next steps

The short life working group has provided a vital role in steering both organisations to a point of agreement on the core focus areas of a revised model of inspection as set out above. This has helped both organisations to work through the practical implications of designing a methodology to carry out these inspections, in a changing environment across health and care sectors. In summary, in line with the request from each board, the group has:

- considered and addressed the learning from joint inspections for older adults to date;
- considered the likely development path of the integration of health and social care and implications for future scrutiny;
- identified the future focus, priorities and approach to joint scrutiny, including evaluation of joint strategic plans;
- developed an appropriate methodology and approach to joint scrutiny, including scope, including a detailed work plan, risk matrix and strategic focus for the work; and
• presented recommendations for consideration to the boards of Healthcare Improvement Scotland and the Care Inspectorate.

The group has been central to helping establish a clear plan of action that Healthcare Improvement Scotland and the Care Inspectorate can work together to deliver. While there is more work to be done to develop the new approach, this is operational in nature and we are content that arrangements are in place to support the work and that a clear strategic direction has been set out.

The Operational Management Group chaired by Claire Sweeney, Interim Director of Quality Assurance Healthcare Improvement Scotland and Kevin Mitchell, Director of Scrutiny & Assurance, Care Inspectorate is now in a position to deliver against the work plan, now they have a clear picture of the focus of the new inspection and the resources required.

Recommendations
We recommend that the Boards of both Healthcare Improvement Scotland and the Care inspectorate:

1. Note the content of this report.
2. Endorse the direction of travel for the joint strategic inspections.
3. Agree that this represents the final output from the Short Life Work Group co-chaired by John Glennie and David Wiseman.
4. Record their appreciation for the work that has been undertaken by the Short Life Review Group.

Upon agreement by the respective Boards, Claire Sweeney, Interim Director of Quality Assurance Healthcare Improvement Scotland and Kevin Mitchell, Director of Scrutiny & Assurance, Care Inspectorate will be responsible for co-chairing the High Level Advisory Group and jointly progressing this work. Updates on progress will continue to be provided to both Boards through routine performance reporting.

John Glennie
Board Member
Healthcare Improvement Scotland

David Wiseman
Board Member
Care Inspectorate

15 September 2016
Agenda item 5.2, Appendix 2 - Joint Inspections of Services for Adults/Older People

Methodology review Dynamic Action Plan

Background

This project led development of the methodology for joint inspection of services for adults has been agreed between Healthcare Improvement Scotland (HIS) and the Care Inspectorate (CI) as part of a wider on-going review and refining exercise originally led by John Glennie and David Wiseman. The purpose of the joint review is:

“to consider the scope, effectiveness and impact of the current strategic inspections of adults/older people in the context of this changing scrutiny landscape and how that should be refined and developed over the course of 2016/17 and beyond”.

The Scrutiny Question to be answered is “How well do (integrated) services support the health, safety and wellbeing of (insert people/adults/older people) in (insert area to be inspected)?”

<table>
<thead>
<tr>
<th>Development Area</th>
<th>Current Status</th>
<th>Target Completion Date</th>
<th>Lead</th>
<th>Accountability/ Management Supervision</th>
<th>Tasks</th>
<th>Update/Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish Operational Management (OMG)</td>
<td>Complete</td>
<td>04/2016</td>
<td>Claire Sweeney CS/Kevin Mitchell (KM)</td>
<td>• Short Life Working Group (SLWG) Operational Management Group</td>
<td>To provide leadership and operational management to enable the completion of the review of Strategic Joint Inspection of Adults Services (SJIAS).</td>
<td>Group established and regular meetings now set up.</td>
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| 2. To identify risks that would affect project completion | Complete | 15/08/16 | Carol Crowther/Lawrie Davidson (CC/LD) | • Operational Management Group  
• CS/KM  
• Glennie/Wiseman review until 15.9.16 | Develop a risk matrix around the project plan. | Active document available which will be routinely reviewed and updated for consideration at each Operational Management Group meeting. |
| 3. Principles of Inspection | Complete | 13/05/16 | SLWG Operational Management Group | • Glennie/Wiseman review until 15.9.16  
• CEO HIS/CI | Agree the principles of:  
• Joint working  
• Partnership  
• Improvement  
• Involvement of users of services  
• Confidentiality  
• Shared learning  
• Reporting  
• Culture of inspection | Meeting of 13/05/16 identified and agreed the core focus of future inspections. Information shared with High Level Advisory Group (HLAG) June 2016 and agreed. |
| 4. Identify the specific areas of focus in – Public Health for future inspections and framework | complete | 12/2016 | Sally Shaw (SS)/Caroline Arnott (CA) | CS/KM | Agreed at HLAG on 15 August that the component area would include Health Inequalities | • Identified as a new task at OMG meeting 28/07/16.  
• Discussed and agreed at HLAG on 15/08/16. |
<p>| 5. Map national drivers and standards to the agreed | In progress | 28/08/16 | SS/CA | Helen Happer/Jacqui Macrae (HH/JM) | Create a core suite of integration indicators that will support the inspection focus. To include: | • Mapping key policy documents into the QI framework to ensure the |</p>
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<tr>
<td>focus areas for inspection</td>
<td>In progress</td>
<td>31/12/16 for re launch in period 01/17 – 02/17</td>
<td>SS, Emma McWilliam (EMcW), CA, John Skouse and Linda Connelly Irene Barclay</td>
<td>HH/JM</td>
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</table>
  - National Care Standards;
  - National Health and wellbeing outcomes;
  - Integrated outcome indicators; and
  - Other relevant health and social care measures. | current key drivers are represented.
  - Consultation with wider team to be undertaken.
  - Link to work on handbook.
  - To be signed off at Operational Management Group meeting October 2016 |
| 6. Quality Indicator Framework | In progress | | | | To refresh the QI framework for publication on website.
  - To link to Communication Strategy
  - Map to Quality of Care framework | Links with task of mapping national drivers.
  - Discussed and agreed at HLAG on 15/08/16.
  - Consider learning from Older People Acute Hospital (OPAH) review consultation.
  - To engage with HLAG 7 November 2016 |
| 7. Inspection Plan to be agreed for 17/18 inspections based on | Started and linked to National scrutiny plan discussion and scoping work to date. | 31.12.16 | HH/JM | CS/KM | 
  - Agreed criteria
  - Links with national scrutiny plan
  - Scope risk – linking with scoping work
  - Scope resources
  - Consider future follow up / post inspection improvement focus | Discussions under way.
  - Potential areas for follow up identified |
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<tr>
<td>8. Resource Planning – to include from scoping identifying what type of clinical expertise required for each inspection site.</td>
<td>In progress</td>
<td>Process commenced June– complete by 31/12/16</td>
<td>CS/KM</td>
<td>CEO Board of HIS/CI</td>
<td>A review of resourcing to be undertaken to ensure we have an efficient deployment of staff Identify and agree resourcing for new inspection process, following agreement on inspection model/ framework. This will include consideration of: Analysis of Intelligence to support target areas clinical experts required for each inspection that will support the clinical assurance needs of HIS Inspection process Admin tasks Skills required from inspectors, including clinical skills/ knowledge Leadership Quality assurance process Follow up review and improvement engagement</td>
<td>Meeting of 18 April &amp; 13 May identified gaps in current resource structure/ application of required and available skills i.e. Information Analyst skills IT data base development and shared access Appropriate clinical lead Health inspector capacity Ongoing discussions around resources and resource planning</td>
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<tr>
<td>9. Joint training and development plan for joint team</td>
<td>Complete</td>
<td>Skeleton outline to be completed by 15/08/16. Links to PDA in progress date to be identified Resource consideration s link to development area</td>
<td>HH/JM</td>
<td>CS/KM</td>
<td>Revise and develop a team development and training plan that supports the inspection framework and model of inspection. It should provide opportunity to support staff (individual and group) to develop skills and knowledge. Link to “craft of inspection” development of CI Professional Development award (PDA) Identify resources to support training jointly and by each agency • Links to reporting template and guidance to ensure inspectors are familiar with how recommendations are to be framed. Links to reporting template and guidance to ensure inspectors are familiar with how rationale for grading in summaries to be implemented</td>
<td>Operational Management Group has begun discussions and now progressing to next stage of delivery.</td>
</tr>
<tr>
<td>10. Recruitment and training plan for</td>
<td>In progress</td>
<td>09/2016</td>
<td>HH/TBC</td>
<td>CS/KM</td>
<td>Revise and develop a recruitment and training plan that will support the wider Feedback questionnaires returned and comments collated to inform work</td>
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Action Plan 3 October 2016
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<td>associate inspectors, clinical leads, patient partners and volunteer inspectors.</td>
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<td></td>
<td></td>
<td></td>
<td>inspection team inclusive of associate inspectors, clinical and patient partners, and local file readers who support inspection framework and model of inspection. It should provide opportunity to support staff (individual and group) to develop skills and knowledge. This review should take account of feedback sought and received. Link to scoping development area and resource planning development area</td>
<td></td>
</tr>
</tbody>
</table>
| 11. Inspection Handbook | In progress | 31/12/16 | Martha Shortreed (MS)/CA | SS/JM | Develop a single system guidance/handbook on inspection for team and partnerships, reflecting the agreed processes, tools and timelines, including the Quality Assurance (QA) process and responsibilities. This will include an outline of the inspection footprint. | • Discussed at OMG meeting 21.9.16  
• The team are in the process of developing guidance for staff carrying out the new approach to joint strategic inspections, including clarity in the process for joint sign off and QA.  
• There is work underway to consider how this can be developed as a web based resource in the longer term. | |
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<tbody>
<tr>
<td>12. Information leaflets for public and partnerships</td>
<td>In progress</td>
<td>31/12/16</td>
<td>Caroline Arnott, Helen Samborek, Maureen Johnstone</td>
<td>SS/ JM</td>
<td>In consultation with the Communications leads and involvement colleagues, design and develop an information leaflet to be available on HIS/ CI websites and in general public areas such as GP practices, libraries etc. The leaflets will inform the general public about the joint inspection task and how they can be involved or be asked to be involved.</td>
<td></td>
</tr>
<tr>
<td>13. Standardising the briefing process</td>
<td>In progress</td>
<td>31/12/16</td>
<td>Stephen Rankin, Amelia Macdonald, John Skouse</td>
<td>SS/CA</td>
<td>To develop a presentation template and checklist for engaging with Chief Officers at beginning of inspection</td>
<td></td>
</tr>
<tr>
<td>14. Standardising professional Discussions</td>
<td>In progress</td>
<td>31/12/16</td>
<td>Stephen Rankin, Amelia Macdonald, John Skouse</td>
<td>SS/CA</td>
<td>To develop for inspectors, stakeholders and have included in the hand book and timeline the following</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Definition of Professional Discussions</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Purpose of each discussion</td>
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<td></td>
<td>- Who will be involved</td>
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<td></td>
<td>- How information will be recorded and reported</td>
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| 15. Scoping – processes | In progress      |                        | Leslie Marr (LM)/Winnie Burke (WB) | SS/JM                                  | • To test out new scoping processes in Edinburgh inspection.          | Sub group established and working well on engagement at external and internal levels.
|                  |                  |                        |                          |                                        | • Development of the Joint Inspection for Children (JIC) scoping tool for application for the inspection of Edinburgh. | re resources and sources of data.                                                                                     |
|                  |                  |                        |                          |                                        | • Engagement with external/internal leads for collecting data relating to Integrated Joint Boards (IJB). | An evaluation of the on-site scoping and engagement changes in Orkney Inspection to be completed to inform the Edinburgh & Borders inspections. |
|                  |                  |                        |                          |                                        | • Identification of analyst’s resource required to support inspection process. | Tools to go to November 2016 HLAG for advice and information |
|                  |                  |                        |                          |                                        | • Agreement of process of scoping and where it sits in timeline – see below. |                                                                      |
|                  |                  |                        |                          |                                        | • Link with resource planning                                          |                                                                      |
|                  |                  |                        |                          |                                        | • Link with recruitment and training                                    |                                                                      |
|                  |                  |                        |                          |                                        | • OMG to sign off                                                        |                                                                      |
|                  |                  |                        |                          |                                        | • Final large scale scoping tool product to be completed 31/08/16.      | • Sub group established and working well on engagement at external and internal levels.
|                  |                  |                        |                          |                                        | Final large scale scoping tool to be ready for testing out in Edinburgh & Borders inspection beginning 08/2016 | re resources and sources of data.                                                                                     |
|                  |                  |                        |                          |                                        | Revised date for large scale scoping tool - 31.12.16 for use from February 2017 | An evaluation of the on-site scoping and engagement changes in Orkney Inspection to be completed to inform the Edinburgh & Borders inspections. |

Action Plan  3 October 2016
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</table>
| identify skill set and numbers for team – especially clinical experts            | In progress    | 12/2016                | Admin – Paul Reilly (PR)/Angela McBain (AMcB) Inspection – SS/CA | • Operational Management Group • CS/KM | • Develop revised inspection timeline for new process (footprint).  
• Develop revised admin inspection timeline to support new process.  
• Set out purpose of each task/component in the timeline.  
• Consider any resource requirements to support changes.  
• Ensure QA is built into each stage of process.  
• Build in Communication strategy tasks to timeline – including pre inspection and post inspection work – scoping and report | Work in progress. Close links being established with handbook work and other test areas such as  
• Scoping  
• Professional Discussions  
• Interface with people who use services  
• Report writing  
• Quality Assurance |

16. Timeline/footprint for new inspection process
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| 17. To strengthen the file reading tool to improve balance between Health and Social care | In progress – to be tested out in Edinburgh and Borders inspection              | • Final template to be ready 1 April 2017 inspection plan                                | Jane Brown (JB)/John Scouse JS)/Cat Hutchinson (CH)/Helen Samborek (HS) | SS/CA                                  | To develop an evidence gathering template  
  • Testing question template in Edinburgh inspection at File reading week  
  • Roll out to Borders  
  • Evaluate after Edinburgh and Borders Inspections | Development work underway.                                                      |
| 18. (a)To develop a project plan to support a different approach to gauge patient/service user experience and effectiveness. A sample may include, case tracking and file review. This process will allow opportunity to follow people through the | In progress                                                                     | Project Plan outline completed 01/09/16                                                  | CA                                                                 | SS/JM                                  | Develop a project plan to support a new method of case tracking including file reading and interviews with individuals and groups. To be agreed by OMG 20/9/16 | Project plan completed  
  Update given to OMG 21.9.16 using a progress template |
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<tr>
<td>health and care pathway. (b) to agree plan and test out in a partnership area and evaluate</td>
<td>In progress</td>
<td>Testing in Orkney. Post Orkney evaluation to be commenced 08/2016 for learning to support further roll out in Edinburgh and Borders inspections</td>
<td>Richard Fowles (RF)/Amelia MacDonald (AMacD)</td>
<td>SS/CA</td>
<td>OMG to agree test site and completion date</td>
<td>In progress</td>
</tr>
<tr>
<td>19. New approach to engaging with stakeholder groups</td>
<td>In progress – evaluation of Orkney to be completed. New approach identified using Communications Strategy – to be tested out in Borders</td>
<td>Testing in Orkney. Post Orkney evaluation to be commenced 08/2016 for learning to support further roll out in Edinburgh and Borders inspections</td>
<td>Richard Fowles (RF)/Amelia MacDonald (AMacD)</td>
<td>SS/CA</td>
<td>To improve the efficiency of engagement with stakeholder groups including shortening of footprint and improving experience for stakeholders. Link to Communications strategy create links to each HB area Health Council Flexibility of approach – link to scoping</td>
<td>Fieldwork completed. Evaluation still to be undertaken of scoping/engagement and learning rolled into planning for Edinburgh. Development of communication strategy has identified further opportunities to engage with stakeholders at earlier stage in process and use information as part of scoping</td>
</tr>
<tr>
<td>20. Links between scrutiny, inspection</td>
<td>Options paper completed. Initial draft options paper produced</td>
<td>Initial draft options paper produced</td>
<td>Steven Wilson (SW)/Chris Lewis</td>
<td>SS/CA • Operational Management Group to sign off</td>
<td>Develop an outline for inspection follow up particularly where evaluation</td>
<td>Paper drafted – discussed at OMG on 21 September 2016. To be discussed by wider group October, then to HLAG on 17</td>
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<td>Development Area</td>
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<td>and improvement post inspection</td>
<td>Next stage to be agreed by OMG in October 2016</td>
<td>06/06/16 – completed Date to be set for completion</td>
<td>(CL)/Richard Fowles</td>
<td></td>
<td>identifies weakness in key areas.</td>
<td>Nov 2016 for advice / information.</td>
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<td>Operational Management Group wants to consider the joint and separate responsibilities of CI &amp; HIS to ensure we are capturing the improvement and scrutiny responsibilities of both organisations.</td>
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</table>
| 21. Reporting template and guidelines                                            | In progress                                                                   | Report template To be developed and ready for use for reporting of the Edinburgh inspection. | Ian Kerr (IK)/CH/SS          | HH/JM                                 | • Revise and consider the chapter headings for reporting and provide for inspectors and admin clear report writing guidance including structure etc. complete  
  • Link to file reading to be more explicit to ensure questions support reporting template  
  • Orkney report will reflect agreed headings.  
  • Ensure that learning from previous inspections are considered and where appropriate adopted into new approach.  
  • Guidelines to ensure agreed HIS/CI corporate styles are HLAG have been consulted about proposed headings/must do areas. Chapter headings agreed  
  Work to begin on mock report and development of guidelines.  
  Support issues for team identified.  
  Links to Communication strategy  
  SS has developed guidance for completion of chapters which supports improved evaluation of evidence. |                                                                                   |
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- Links to training and development plan to ensure:  
  - agreed guidelines  
  - framing and implementing recommendations  
  Summary and rationale for grading | Work in progress. Each sub group has now been asked to identify the QA process for those aspects of work they are progressing. |
<p>| 23. Review the refreshed methodology to ensure | Completion and evaluation of test areas by CA/SS | CS/KM | Using evidence based learning measure impact of refreshed methodology, tools and report template. | On agenda for OMG 20 September |</p>
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<tr>
<td>added value for Care Inspectorate, HIS and partnerships</td>
<td>In progress.</td>
<td>31/3/17 and ongoing</td>
<td>HIS/CI Comms teams</td>
<td>CS/KM</td>
<td>A communication strategy to be developed which includes publication of report and media links, this to be built into inspection timeline to ensure the model of inspection is communicated widely to: - All agencies - General public</td>
<td>First meeting with coms colleagues and inspectors 16/09/2016. Consideration of a webinar for 01/2017 – 02/2017.</td>
</tr>
<tr>
<td>24. Develop a Communication strategy.</td>
<td>Developing</td>
<td>31/12/16</td>
<td>HIS/CI Comms teams</td>
<td>CS/KM</td>
<td>A communication strategy to be developed which includes publication of report and media links, this to be built into inspection timeline to ensure the model of inspection is communicated widely to: - All agencies - General public. Opportunity identified at communications meeting of 16/09/16 to use communications strategy to support scoping process - “listening and learning events” - consideration of flash reports of inspections “so far” - consideration of rewriting leaflet to link with Webex</td>
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| 25. Partnership Agreement/ MOU/ protocols | Yet to start | 31/12/16 | Operational Management Group | CEO HIS/CI | - design of leaflets for public and partners  
- Carolyn and Sally to provide date of current forums to Coms team | Discussed at Glennie / Wiseman review meeting 15 September.  
To be taken forward with OMG |
<p>|                  |                | 31/12/16 | CEO HIS/CI | | | |
| 26. Conclusion of all tasks on action plan and development of new action | To begin | 31.3.17 | OPG | CEO HIS/ CI | To provide assurance to Boards that the 16/17 methodology review is complete and that any outstanding tasks and or identified new tasks will be | To be agreed at OPG meeting January 2017. |</p>
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<tr>
<td>plan to take into inspection year 17/18</td>
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<td></td>
<td>taken forward in a 17/18 action plan that will be developed and progressed by OMG</td>
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Review of Methodology for Joint Strategic Inspections of Health & Social Work Services for (Adults/Older People) -

High Level Advisory Group (HLAG) - Terms of Reference:

1. Purpose

The purpose of the HLAG is to provide advice and guidance to Healthcare Improvement Scotland (HIS) and the Care Inspectorate (CI) on the development and implementation of revised inspection methodology for the joint strategic inspections of health and social work services for adults/older people.

2. Role

The primary role of the HLAG will be to provide comment and offer advice and guidance on the proposed inspection model, including its overall purpose and scope, and on the more detailed inspection methodology as it is being developed and implemented.

It is also expected that members of the HLAG will share information on the development and implementation of the revised inspection methodology within their own partnerships, organisations and professional groups, in order to gather the views of others to inform the development work, and to raise awareness of the methodology review and the outcomes from it.

3. Membership

The HLAG will be drawn from a range of health and social work professionals and relevant stakeholders from other organisations.

HIS/CI Short-life Review Group, which was established to lead the development and implementation of revised inspection methodology for the joint strategic inspections of health and social work services for adults/older people, is co-chaired by a non-executive director from both HIS/CI Boards. The HLAG will be co-chaired by the same two a non-executive directors.
4. Meetings

The HLAG will meet at roughly 4 to 6 weekly intervals. It is expected that meetings will be held over a period of approximately 6-9 months until completion of the development work and implementation of the revised methodology. Any requirement for extending this period will be discussed and agreed with members of the HLAG.

Members of the HLAG who are unable to attend a meeting may nominate a representative to attend on their behalf. Where possible, the same representative should attend to help ensure consistency in the membership of the HLAG and continuity of the work.

Agendas, minutes of meetings and any advanced reading materials will be circulated in advance of meetings. HLAG members should be prepared to provide verbal and/or written comment at or prior to meetings when requested to do so.

5. Communication

All communications with members of HLAG will be through the Chairs unless agreed otherwise. However, informal communication between members and their representative groups is encouraged and is at the discretion of each member, unless there is a specific request by the Chairs for confidentiality.

6. Opportunities, Impacts and Benefits

Participation in the HLAG will support the development and implementation of the revised inspection methodology for the joint strategic inspections of health and social work services for adults/older people. It will also promote a shared understanding of the overall purpose and scope of the inspections and openness and transparency of the inspection methodology.

22 February 2016
SUBJECT: Regulation of Independent Healthcare

1. Purpose of the report
To update the Board on the commencement of the regulation of independent clinics.

2. Key Points
Since regulation commenced in April 2016 we have registered one independent clinic and we can report the following additional information:

<table>
<thead>
<tr>
<th>Complete applications made</th>
<th>Applications in progress</th>
<th>Applications expected by 31 March 2017</th>
<th>Services still to engage</th>
<th>Services confirmed as not to reg.</th>
</tr>
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<tbody>
<tr>
<td>66</td>
<td>89</td>
<td>262</td>
<td>245</td>
<td>348</td>
</tr>
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</table>

A considerable volume of work has been undertaken by the team to encourage the submission of registration application forms, as detailed in the appendix. We are planning the following additional activity:

- Visiting the services on the ‘no response’ list who are not engaging with our communications.
- Significantly increase our presence on social media (Facebook and Twitter) with communications aimed at both practitioners and members of the public using services.
- Webex sessions to guide applicants on the application process.
- Recording a podcast to deliver some key messages about registration and regulation.

In the event that a service is not registered by 31 March 2017 the action we will take will depend on whether or not an application is in progress. We will report to the Procurator Fiscal any provider that is deliberately evading registration or who continues to trade following our refusal to register them.

As the number of applications are considerably less than anticipated, the income to cover the cost of the work is also lower than expected. We have received the expected income from continuation fees for the registered independent hospitals and private psychiatric hospitals.

We have circulated a paper to all stakeholders which sets out the principles we will work to when setting the fees for 2017/18. In particular, it highlights that we are delaying setting a continuation fee, in the hope we will have more intelligence about the sector and that continuation fees for 2017/18 will fall due on registration.

As part of the application process, Providers are required to submit financial information. The financial assessment of the first few applications to be submitted has highlighted that this part of the process may present more issues than initially anticipated both in terms of the work required for the assessment and the financial health of the applicants.

There are some concerns that the definition of an independent clinic does not fully meet the initial policy intent around this work. We are actively working with Scottish Government colleagues regarding the definition and currently there are three matters under discussion:
Ensuring NHS services are properly excluded
Whether or not midwives should be included in the definition of an independent clinic, and
Whether or not pharmacists should be included in the definition of an independent clinic.

3. Actions/Recommendations
The Board is asked to note the content of the paper.

Appendix 1: Independent Healthcare Update – November 2016

If you have any questions about this paper please contact Kevin Freeman-Ferguson, Senior Inspector, kevin.freemanferguson@nhs.net, 0752 733 5371
SUPPORTING INFORMATION

RISK

<table>
<thead>
<tr>
<th>Do the key points represent a risk to the organisation?</th>
<th>If yes, has a risk been raised on the Compass Risk Management System</th>
<th>If yes, provide the risk number, risk description and risk rating</th>
</tr>
</thead>
</table>
| YES | YES | No 493 – Medium  
There is a risk of Healthcare Improvement Scotland having no independent healthcare income until later in the financial year from independent clinic registration fees because services decide not to register until later in the year. This will result in the independent healthcare budget being in deficit and Healthcare Improvement Scotland having to pay staff salaries and other expenses with no income from independent clinics. |
| | | No 536 – High  
There is a risk that Healthcare Improvement Scotland will not be able to register all of the independent clinics that apply prior to 31 March 2107. This will result in these services continuing to operate whilst unregistered and therefore not in compliance with the requirements of the law. These factors affecting this may include unexpectedly high volume of applications or unexpected delays, which are outwith our control, in processing applications. For example, missing documents, no response from referees, delays by other agencies. This risk has the potential to damage the reputation of Healthcare Improvement Scotland. |

OTHER CONSIDERATIONS

<table>
<thead>
<tr>
<th>How do the key points relate to the Corporate Plan?</th>
<th>This is an extension of our existing regulatory function in respect of independent healthcare.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications</td>
<td>This work has significant resource implications, but these are being planned for and the work will be self financing through regulatory fees.</td>
</tr>
<tr>
<td>What engagement has been used to inform the work?</td>
<td>Public partners have been involved and are involved in the programme board for this work, the IHC sub group previously and in all appropriate inspections</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>What Equality and Diversity considerations relate to the work? Advise how the work:</td>
<td>This work is a statutory responsibility. It is an extension of our existing regulatory function which have already been assessed in terms of equality and diversity.</td>
</tr>
<tr>
<td>• helps the disadvantaged;</td>
<td></td>
</tr>
<tr>
<td>• helps patients;</td>
<td></td>
</tr>
<tr>
<td>• makes efficient use of resources.</td>
<td></td>
</tr>
</tbody>
</table>
Independent Healthcare Update – November 2016

Background
On 1 April 2016 the regulation of independent clinics was commenced and since then services which meet the definition of an independent clinic have been able to register with us. Providers have until 31 March 2017 to register their services.

We have set up a programme board to advise on this work. It is made up of key stakeholders from across the independent healthcare sector. The board provides us with views and clinical input in our preparation to regulate independent clinics. It also helps us to disseminate key messages out to the sector.

Services that have completed a pre-registration form have been issued with a user name and password which allows them to access our E-Forms portal so they can complete the online registration form and upload any supporting documentation. Once completed registration forms have been received and the registration fee received, then we begin processing the registration form.

This paper provides an update on the work of the team and the current number of applications. It also reports on a number of risks relating to the programme, including the financial health of applicants and definitions.

Recent and Current Activity
A considerable volume of work has been undertaken by the team to encourage the submission of registration application forms. These include:

- Six weekly mailings to services on the ‘no response’ list encouraging them to register or contact us for more advice or if they believe they are exempt.
- Introduction of a bi-monthly newsletter for services who have submitted a pre-registration form.
- Contacting services on the ‘no response’ list offering advice and encouraging registration.
- Contacting services who have completed a pre-registration form and have access to the online registration form but who have not started to complete the form.
- Contacting services who have submitted only a few parts of their form (they need to submit a number of parts to make a complete application) to remind them they need to submit the remaining parts.
- A social media campaign to highlight the benefits of registration.
- Engaging with the professional regulators so they can advise their registrants appropriately.
- Engaging with trade bodies so they can advise their members appropriately.

In addition, we are about the start the following:
Visiting the services on the ‘no response’ list who are not engaging with our communications.

Significantly increase our presence on social media (Facebook and Twitter) with communications aimed at both practitioners and members of the public using services.

Webex sessions to guide applicants on the application process.

Recording a podcast to deliver key messages about registration and regulation.

All of this is in addition to our initial awareness raising roadshow sessions last year in Edinburgh, Aberdeen and Glasgow. Kevin, Tracy and Karen have also been attending and presenting on the topic at events and seminars run by stakeholders. We are continuing to look for other relevant events that we can speak at, we presented at the professional regulators conference at the end of October and will attend the next event organised by the British Association of Aesthetic Nurses.

Throughout the project we have been keeping Scottish Government colleagues appraised of the work we are doing to encourage registration and of risks relating to the work.

**Numbers of applications**

As of 11 November 2016, we can report the following:

<table>
<thead>
<tr>
<th>Complete applications made</th>
<th>Applications in progress</th>
<th>Applications expected by 31 March 2017</th>
<th>Services still to engage</th>
<th>Services confirmed as not to reg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>89</td>
<td>262</td>
<td>245</td>
<td>348</td>
</tr>
</tbody>
</table>

**Position with regard to services not registered by 31 March 2017**

Services fall into two categories, those who have submitted an application to register and those who have made no attempt to register and who we are aware have been trading prior to 31 March 2017.

Those who have submitted an application to register will have it processed and a registration certificate issued as soon as possible. It would not be appropriate to report these providers until such time as we have made a decision in respect of their application, and then only if they continue to trade after we have decided not to grant a registration.

Those who have made no attempt to register and whom we know have been trading prior to 31 March 2017 will receive a series of letters giving them set periods of time to engage with us and explaining the consequences if they do not do so. If these services continue to refuse to register or fail to respond to our correspondence, we will prepare and submit a report to the Procurator Fiscal Service.

**Finance update**

The lack of registration fees has meant that the only sizable income to date is from the continuation fees from the currently registered independent hospitals and private
psychiatric hospitals. We have agreed with the finance team to freeze all further recruitment to the team and we have projected revised income based on a reduced number of services applying to register before 31 March 2017.

We are in regular contact with the Scottish Government about the programme, and they are a member of our programme board.

Following discussions with the programme board, we published a fee setting principles paper which sets out the situation regarding regulation fees for 2017/18. The paper explains that we are unable to set a continuation fee at the moment because we do not have the intelligence from applications to inform the process. It sets out a timeline for the consultation on the fees for 2017/18, as well as listing the principles we will use when setting all the fees. It also highlights that continuation fees will require to be paid by all services in 2017/18, meaning if the service was trading prior to 31 March 2017, the provider may have to pay both a registration fee and a continuation fee in the same financial year. The document highlights that the longer services leave it to register, the less time they will have to pay the continuation fee in 2017/18. We circulated this document to services and through a variety of channels w/c 3 October 2016.

Financial health of applicants
As part of the application process, Providers are required to submit financial information. The financial assessment of the first few applications to be submitted has highlighted that this part of the process may present more issues than initially anticipated. Applicants are currently advised to provide the following:

- A business plan,
- Bank reference,
- Evidence of the existence of a business bank account,
- Copies of annual accounts for the last 3 financial years, if currently trading. If not, copies of tax returns to HMRC for the same period.

In practice the information actually being provided varies widely in terms of both quality and quantity and in order to be as supportive as possible, the Finance Team are endeavouring to continue to make financial assessments based on the information supplied even where it falls short of that originally requested. Where necessary, additional information is requested as appropriate.

In view of these circumstances, we intend to take the opportunity to discuss our approach with Internal Audit in order to gain assurance that the current approach is both appropriate and proportionate. If change is to be recommended, it would be preferable to embrace this as early as possible in the registration process.

Definition of independent clinic
There are some concerns that the definition of an independent clinic does not fully meet the initial policy intent around this work. These are issues that were not fully addressed at the time of legislation. We are continuing to work closely with Scottish Government colleagues regarding the definition and currently there are three matters under discussion:
1. Ensuring NHS services are properly excluded
2. Whether or not midwives should be included in the definition of an independent clinic, and
3. Whether or not pharmacists should be included in the definition of an independent clinic.

With regard to ensuring the NHS are properly excluded from the definition of an independent clinic. We have provided Scottish Government with firm examples of where NHS services would fall to be regulated under the current definition. We have met with policy colleagues and are in agreement that a change to the definition is required and a request has been made of the government legal team for the definition to be amended or appropriate additional exclusions to the definition to be added. Policy colleagues will give us a timeline for the changes as soon as they can.

We have had a clear direction from Scottish Government that midwives are to remain in the definition of an independent clinic. There was an argument that they should be removed because of the current statutory arrangements for the supervision of midwives. However this argument has been weakened as work is ongoing to remove these provisions.

The Scottish Government is currently seeking views from key stakeholders on whether or not pharmacists should be included in the definition of an independent clinic. The Quality Assurance Directorate and Clinical Directorate have responded to Scottish Government stating that Healthcare Improvement Scotland is of the view that in order to ensure patient safety and equity across the professional groups, pharmacists should be added to the definition. However, we recognise that attempting to do this as a part of the current phase of regulating the sector would be unfair to the pharmacy profession, as they will not have had the lead time to prepare as the other professional groups have had and it would add additional undue pressure on Healthcare Improvement Scotland. To this end, we have recommended that the addition of pharmacists to the definition of an independent clinic should run in parallel to the next phase of regulating the sector.

**Additional Expert Support**
We have successfully recruited 4 dentists and 5 additional healthcare professionals from the independent healthcare sector with a variety of skills to a procurement framework. This gives us a pool of dentists to assist us in our work regulating wholly private dental practices and a bank of inspectors we can draw on to mitigate against a peak of work toward the end of this financial year.

**Internal Audit**
An internal audit of the preparedness and management of the registration process by Healthcare Improvement Scotland for the regulation of independent clinics was carried out in August 2016. An audit report and action plan were taken to the last Audit and Risk Committee.
SUBJECT: Audit and Risk Committee Meeting, 2 November 2016: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the meeting of the Audit and Risk Committee on 2 November 2016.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

   a) ICT Security
      The Committee received an internal audit report on ICT Security from Scott Moncrieff. HIS’ IT service provision is not straightforward, with some services provided by NSS, and others provided via a Shared Services agreement with the Ambulance Service. HIS, like the rest of the NHS in Scotland also uses the network communications links provided by Capita through the Scottish Wide Area Network (SWAN).

      Scott Moncrieff looked at the internal and external security of the HIS network. 4 out of 5 control objectives assessed were rated as red, meaning that the control procedures in place are not effective, and there is inadequate management of key risks. These significant control weaknesses are concerning, and the Committee suggests that an upcoming Board seminar would be useful to review an assurance map – a visual representation of the internal and external networks – to identify assurance gaps and agree an action plan.

   b) Stakeholder Engagement
      The Committee received an internal audit report on Stakeholder Engagement from Scott Moncrieff. The findings of the report were broadly positive, recognising that for HIS effective stakeholder engagement is vital. However, there needs to be more focus on impact rather than process. A clear action plan is needed, and the incoming Associate Director of Strategic Engagement & Relationship Management should start with the recommendations set out in the internal audit report, which have been agreed with management. This is a key area of activity, and ties in with recent conversations at Board level about HIS being able to demonstrate its impact, and evidence the value we deliver. The Committee will be looking for an update at its next meeting (in February / March, date TBC).

   c) Independent Healthcare
      The Committee received a helpful update from Claire Sweeney and Karen Beattie, and noted the good progress made in identifying stakeholder groups, communicating the key messages to them, and registrations so far. It is evident that HIS is doing all it can to encourage registrations and process them ahead of the 1st April deadline. There remains a concern that there could be a backlog of registrations to process around 1st April – the Committee notes that extra staff have been trained and can be brought on board if required. The Committee also notes that the fee scale has not yet been set. The over-riding concern is that some businesses may be unregistered and liable to prosecution. In order to keep a close eye on progress, the Committee will continue to receive updates at each Committee meeting, and has asked that a similar update be given at Board Meetings.

Nicola Gallen
Committee Chair
MINUTES - Approved

Meeting of the Healthcare Improvement Scotland Audit and Risk Committee at 10.30 am
3 August 2016
MR 6A, Delta House, Glasgow

Present
Nicola Gallen Chair
Kathleen Preston Board Member
Dr Hamish Wilson Board Member
George Black (CBE) Board Member
Dame Denise Coia (DBE) Chairman

Healthcare Improvement Scotland Officers
Maggie Waterston Director of Finance and Corporate Services/Lead Officer
Angiolina Foster (CBE) Chief Executive
Brian Robson Executive Clinical Director
Sara Twaddle Director of Evidence
Claire Sweeney Director of Quality Assurance
Robbie Pearson Acting Chief Executive
Pauline Symaniak Corporate Governance Officer
Brian Ward Head of Finance
Paul Wishart Finance Manager
Ruth Glassborow (via VC) Director of Improvement Support & ihub
Sandra McDougall Scottish Health Council (Deputy for Richard Norris)

In Attendance
Michael Smith Scott Moncrieff
Chloe Ridley Deloitte
Kevin Freeman-Ferguson Healthcare Improvement Scotland (attended for item 4.1)
Gordon Young Head of Counter Fraud Services (attended for item 4.5)

Apologies
Richard Norris Director of Scottish Health Council
Belinda Henshaw Budget Holder
Chris Brown Scott Moncrieff
Pat Kenny Deloitte

Committee Support
Frieda Cadogan Committee Secretary

<table>
<thead>
<tr>
<th></th>
<th>WELCOME AND APOLOGIES FOR ABSENCE</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>The Chair welcomed all present to the meeting, including Chloe Ridley from Deloitte and Sandra McDougall who was deputising for Richard Norris. Chair also welcomed Ruth Glassborow who attended the meeting via video conference.</td>
</tr>
<tr>
<td>1.2</td>
<td>Apologies were noted as above.</td>
</tr>
</tbody>
</table>
## 2. MINUTES OF PREVIOUS MEETING/ACTION REGISTER

### 2.1 Minute of Audit and Risk Committee meeting on 22 June 2016

The minute of the meeting held on 22 June 2016 was approved as an accurate record.

### 2.2 Review of action point register of Audit and Risk Committee meeting on 22 June 2016

The Committee reviewed the action point register from the meeting on 22 June 2016 and noted the status report against each action. All actions were noted as complete.

## 3. COMMITTEE GOVERNANCE

### 3.1 Business Planning Schedule

The Committee reviewed the business planning schedule and the Director of Finance & Corporate Services suggested that Financial Planning be added. This was agreed by the Committee.

The Director of Finance and Corporate Services informed the Committee that the LDP Management Report was not on this meeting agenda due to the transition to the new reporting format. There would be a performance report submitted to the August Board meeting which would be in a mixed format pending further development of the report.

<table>
<thead>
<tr>
<th>Director of Finance &amp; Corporate Services</th>
</tr>
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</table>

### 3.2 Code of Corporate Governance

The Board received an updated version of the Code of Corporate Governance from the Director of Finance & Corporate Services, for the Committee to approve and submit, to the Board for adoption at its meeting on 24th August 2016. The following points were highlighted:

- **a)** The Code of Corporate Governance was last updated in August 2015 to reflect the changes made to the organisation’s structure.

- **b)** Further updates have now been made to reflect various changes, for example, the seven contributions to Transforming Health & Social Care in Scotland, updates to Terms of Reference of the Quality Committee around the governance of the Scottish Antimicrobial Prescribing Group and the Scottish Government letter received around gifts and hospitality to staff.

- **c)** Internal Audit have been asked to add to their schedule of work, a review of the procedures for the declaration of gifts and hospitality and for any payments from pharmaceutical companies.

In response to questions from the Committee, the following additional points were clarified:

- **d)** It was agreed that the Director of Finance and Corporate Services would meet with Mrs K Preston outwith the meeting to consider further potential adjustments and update the paper before it is presented to the Board on 24th August.

- **e)** The Committee agreed a further amendment on page 34, point 11.3 to update the wording regarding the Scottish Health Council.
to ‘There shall be up to eight other members of the Committee...and up to six who shall be members of the public’.

Subject to these amendments, the Committee approved the paper for submission to the HIS Board.

<table>
<thead>
<tr>
<th>4. CORPORATE GOVERNANCE</th>
</tr>
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</table>

### 4.1 Risk Management Update

The Director of Finance and Corporate Services presented the Corporate Risks and the Operational Risks rated as High and Very High and confirmed that any changes since the previous meeting were shown on the movement schedule included in the papers.

In response to a number of questions from the Committee, the following points were clarified:

- **a)** A point previously raised with regards to the organisation being able to clearly identify its value, is now captured in risk 6.

- **b)** Risk associated with organisational re-branding was captured in risk number 6. The latest position was that the post of Associate Director of Strategic Engagement had been advertised and it was hoped an appointment could be made in 4-6 weeks. The stakeholder engagement framework would be submitted to the August Board and the Board would be kept informed of further progress over the next 2-3 months.

- **c)** Consideration of risk 522 around the clarity between the respective roles of the Accountable Officer and the Acting Chief Executive, and whether there should be an associated operational risk, would be discussed further in the private session of the next Board meeting.

- **d)** The Committee acknowledged the inclusion of the ‘Financial/Value for Money’ risk.

- **e)** Regarding risk 336 around the gap in capacity with regards to the appointment of a key post for the Our Voice Framework, it was confirmed that discussions had been ongoing with the Scottish Government to finalise the agreement for additional resources in order to meet work plan objectives for 2016-17. The Scottish Health Council expected to receive confirmation that day. The Our Voice Programme Director was now in post.

The Chair welcomed Kevin Freeman-Ferguson who joined the meeting to update the Committee on the discussions that took place at the July Quality Committee around the risks associated with Independent Healthcare.

There were four key areas that the paper addressed:

- **f)** The registration of wholly independent dental practices – a small number of dentists had concerns around the level of financial information that they must provide to HIS. HIS have been liaising...
g) **The rationale for how the fees were set** – It was decided that the fairest system was the setting of a flat fee initially. The continuation fee level would be reviewed and may be set at a graded level depending on the level of risk within each service.

h) **Ongoing engagement with the sector to ensure the deadline for applications is met** – communication was ongoing with the various services that were required to register. The aim was to find out if there were any barriers stopping services registering and to help them to overcome these. HIS were contacting those services that have not yet begun the process of registration to offer assistance and guidance.

i) **Legal implications of failure to register by 31 March 2017** – It would be a criminal offence for services to continue to trade, if they were not registered by 31 March 2017, however if contact had been made with the services and discussions were still in progress it would be likely that no action would be taken by the Procurator Fiscal. There was ongoing engagement with the Procurator Fiscal who would deliver a skills session to the team.

In response to a number of questions from the Committee, the following additional points were clarified:

j) Regarding the reputational risk to the organisation around non-registration and the potential for negative media coverage, it was confirmed that there was an external group in place which included representation from the HIS Communications Team.

k) Regarding concerns about the scope of what constitutes an independent clinic, it was confirmed that this had been raised with the Scottish Government after the last Board meeting and a draft consultation was in process that would allow further amendments to be made.

l) The Director of Quality Assurance gave reassurance that work was in hand to ensure all services will be registered on time. The exception may be the small group of dentists as noted above.

m) It was agreed that risk 409 would be reviewed before the Board meeting on 24th August and that a more specific risk related to registrations being completed by the 31 March 2017 deadline would be raised. These points would be reflected at the Board meeting.

<table>
<thead>
<tr>
<th>4.2 Information Governance update</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Director of Evidence presented the report to the Committee, highlighting the two new incidents that occurred during June – July. There was also an outstanding incident from the previous Committee around the theft of a public partners’ laptop from their home and guidance was being produced for all public partners.</td>
</tr>
</tbody>
</table>
The Committee noted the report presented.

### 4.3 National Shared Services Update

The Committee received a report from the Director of Finance and Corporate Services. The Director highlighted the following key points:

a) There were three categories within the Shared Services Portfolio Management Office update for 2016:
   - Business
   - Health
   - Operational

b) The Shared Services Customer Reference Group (CRG) paper on ‘Planned Engagement Approach – HR Programme’ was relevant to HIS around national shared HR services. A meeting took place on 25th July of this group. A separate work stream around HR shared services for six of the special health boards was also being instigated. A meeting had taken place on 25 July 2016 and the Director of Finance and Corporate Services would provide an update to the Staff Governance Committee. It was also noted that there was no Partnership representation on this group which would have to be resolved as that was out with the staff governance standard.

c) A HIS HR Shared Services Project Group had been put together to look at the implementation of the eESS system. NSS had previously implemented this system and would share training materials and experiences with HIS. Training would be provided for staff on this new system.

d) HIS were already moving forward with shared services and were currently doing this for services such as payroll, IT and procurement.

e) The implications of recruitment across health and social care with different terms and conditions would be considered at a national level. This was a more critical issue for HIS who are recruiting across sectors and a quick resolution would be helpful.

The Committee noted the update.

### 4.4 Financial Performance Report to 30 June 2016

The Committee received a report from The Director of Finance and Corporate Services who advised that this was the first full report for 2016/17 financial year.

The Head of Finance and Procurement highlighted the following key points within the report:

a) **Financial Position**
   At 30 June 2016 there was a deficit of £430k, however once taking into account the spend to date, relating to non-recurring allocations/income yet to be received, and the effect of unrelieved savings targets, there was an underlying operational surplus of £164k.
b) **Allocations Position**  
The current position for HIS was very positive in that 96% of allocations had been received so far. All outstanding allocations were reported to the Scottish Government on a monthly basis in order to secure as early as possible a release of funds.

c) **Efficiency Savings**  
The target was £1.9m with 18.5% being achieved so far. Detailed discussions needed to take place with all budget holders, but had not been possible during the peak annual leave period, before funds would be released. Work was ongoing with this.

d) **Change Management Board Work**  
The Change Management Board would focus on the delivery of sustainable internal improvements by supporting changes to ways of working to realise efficiencies and productivity gains aimed at increasing capacity.

The change fund was currently £405k for ‘spend to save’ projects. The CMB would report back to the Audit and Risk Committee, The Staff Governance Committee and the Board on a regular basis regarding progress.

It was agreed that future finance reports would link HR and Finance information and that the report would be linked more explicitly to risks.

The Committee noted the financial position.

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4.5 **Fraud**

The Director of Finance and Corporate Services introduced the Head of Counter Fraud Services, Gordon Young and welcomed him to the Committee. The Head of Counter Fraud Services presented the following reports:

a) **NSS Counter Fraud Services Year End Report 2015-16/Year End Report Summary**  
In summary there had been a 19% increase in referrals, which was partly due to awareness raising and partly due to increased fraud, with health tourism being the largest group. Around 30% related to staff sickness absence while having additional posts. Guidance around this had been issued to all Health Boards with a Partnership Information Network (PIN) guidance letter being issued sometime in the future.

Intelligence alerts were issued to all fraud liaison officers.

The Director of Finance and Corporate Services highlighted the point on page 13 of the report which states that two cases were referred to Counter Fraud Services from HIS, however these were not referrals but intelligence alerts. This was noted.
b) **NSS Counter Fraud Services Work Plan 2016-17**  
The Head of Counter Fraud Services informed the Committee that cyber crime and bribery and corruption were major problems. Guidance would be issued to all Health Boards as a result of a major bribery and corruption investigation currently taking place involving three Health Boards. There were various activities that would take place to assist Health Boards with these issues, for example:

- Awareness Raising Events
- eLearning Activity
- Counter Fraud Assessment Tool

In response to questions from the Committee, the following points were clarified:

- It was a Corporate Offence to offer bribes and management were responsible for ensuring their staff were complying or they would face prosecution along with the person or persons accepting the bribes.

- Bribery and corruption had been added to the internal audit work plan and the auditors would link with the Head of Counter Fraud Services on this.

- The Committee requested an action for the CMT to follow up with Gordon Young with regard to tools which Boards can put in place to increase defences against fraud.

c) **National Fraud Initiative 2014/15 Scotland Report**  
The Committee received the report from the Director of Finance and Corporate Services. The report was presented to provide the Committee with a summary of the findings of the National Fraud Initiative work that was undertaken in 2014/15 and to advise about the work that would take place for 2016/17.

Data was shared across all public services with each organisation being provided with a report of any matches for them to investigate. The Head of Finance and Procurement advised that 132 matches were reported for HIS and all were investigated and reported upon. External Audit reviewed the outcome of the investigations as part of the annual accounts process to provide assurance to the Board that everything was in order.

The Committee noted the report.

<table>
<thead>
<tr>
<th>4.6 Non competitive tender log</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Committee noted that there was one non competitive tender within the report. The Director of Evidence advised that this was due to a requirement for a health economist with SMC experience and there being only one such person available. The situation would be reviewed going forward.</td>
</tr>
<tr>
<td>The Committee noted the significant reduction in the number of tenders from the previous reports.</td>
</tr>
</tbody>
</table>
### 4.7 Procurement & Commercial Improvement Programme

The Committee received a report from the Head of Finance that provided an update on the results of the Procurement & Commercial Improvement Programme (PCIP) assessment that replaced the former Procurement Capability Assessment (PCA) that was carried out by National Procurement on 7th December 2015.

The results were currently considered as draft whilst further discussion and analysis takes place. It was not possible for HIS to score highly as many of the areas examined were more specific to territorial boards. The HIS response was acceptable and proportionate. There would be an opportunity to identify areas of improvement in the assessment process before the next exercise. It was agreed that an improvement plan and update would be presented at the November 2016 Audit and Risk Committee.

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### 5. INTERNAL AUDIT

#### 5.1 Internal Audit Action Progress Report

The Committee received a report from Scott Moncrieff who advised that this was a joint report with HIS.

There were four Audit reports with outstanding actions being tracked:

- a) Workforce Management and Appraisal November 2015
- b) Strategic and Operational Planning November 2015
- c) Financial Systems March 2016
- d) Performance Management March 2016

Three actions were reported as complete and two were reported as having breached the deadline date, however progress was being made to move these forward.

In response to a question from the Committee, it was confirmed that the outstanding action relating to performance management would be addressed as part of the process to implement the new performance reporting system.

#### 5.2 Internal Audit Programme Report and Audit Plan

The Committee received the report from Scott Moncrieff and the following key points were highlighted:

- a) Property Transaction Monitoring was on the agenda.
- b) Contingency days had been used to deliver risk sessions with the Clinical Directorate and the Risk Management Working Group and further days would be used to review HIS’s register of gifts and hospitality with specific reference to the Bribery Act. The Committee were advised that HIS had asked Scott Moncrieff to review this.
- c) The following reports would be presented to the November Committee:
  - Independent sector readiness review
  - Stakeholder engagement (stage 2)
  - IT security.
5.3 Internal Audit Reports

IA Property Transaction Monitoring Report (PTMR) 2016/17

Scott Moncrieff presented the paper to the Committee, highlighting that there are no transactions noted within the report. The Committee was informed that although this report is a nil return, as no property transaction took place during the year, it is a requirement to provide this report on an annual basis.

6. EXTERNAL AUDIT

6.1 External Audit Update

The Chair welcomed newly appointed auditors, Deloitte, to the meeting. The Committee were advised that Pat Kenny would be the Lead Partner and Kirsty Stanners will be the Audit Manager who would attend future Audit & Risk Committee Meetings.

The Chair of the Committee would meet with the Lead Partner on 24th August and the Director of Finance and Corporate Services and the Head of Finance have already met with the Lead Partner. It was agreed that Deloitte would work closely with PriceWaterhouseCooper on the handover.

7. STANDING BUSINESS

7.1 Governance Committee minutes

The Committee received the most recent minutes and key point reports from the other Governance Committees.

7.2 Board Report 3 key points

The Chair would prepare a report for the Board highlighting the key points from the meeting.

7.3 Feedback Session

The Chair invited members to email any feedback relating to the meeting or the papers to her or Frieda Cadogan. All Committee Members

8. ANY OTHER BUSINESS

No items of any other business were discussed.

8. DATE OF NEXT MEETING

The next meeting of the Audit and Risk Committee will be held in Delta House at 10.30am on 2 November 2016.
SUBJECT: Quality Committee Meeting, 19 October 2016: key points

1. Purpose of the report
This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Quality Committee on 19 October 2016.

2. Recommendation
The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

   a) The Committee received the report of the Landing Zones Commission, produced by the Scottish Health Technologies Group for the Innovation Partnership Board (IPB) at Scottish Government. This makes recommendations on options to facilitate systematic consideration of advice and information on non medicines technologies across NHSScotland to support adoption and spread of innovation. The Committee welcomed the report and made minor suggestions to enhance its usefulness before submission to IPB.

   b) The Committee considered a report on clinical assurance, welcomed the results of the assessment and considered recommendations to enhance clinical engagement. There was significant discussion surrounding a number of areas, including:
   
   - The need for an overarching clinical and care governance framework to be developed for HIS
   - The requirement to date for doctors to hold a licence to practice, the possible unintended consequences of this, and the need for appropriate flexibility
   - The need to ensure that any process is not overly bureaucratic
   - The need for clarity around line management being the responsibility of directorates, with professional lines of accountability to the appropriate professional lead within the Clinical Directorate.

   c) The Committee received the Complaints and Feedback Annual Report 2015-16, and noted that this had been a development year with the need to ensure appropriate governance reporting on complaints and feedback. The Committee approved the report for publication.

   d) The Committee received a report from the Scottish Antimicrobial Prescribing Group, in addition to those for the three technology groups, for the first time. This reflects the change in governance arrangements agreed at the previous meeting.

Hamish Wilson
Committee Chair
MINUTES – Approved

Meeting of the Quality Committee
Date: Thursday 21 July 2016 10.30am – 1.20pm
Venue: Room 6A, Delta House, Glasgow

Present

　Healthcare Improvement Scotland (HIS) Non-Executive Members
　Hamish Wilson 　Non-Executive Director, Chair
　Bryan Anderson 　Non-Executive Director
　Denise Coia 　HIS Chairman
　Zoë Dunhill 　Non-Executive Director
　John Glennie 　Non-Executive Director
　Pam Whittle 　Non-Executive Director, Chair Scottish Health Council (SHC)

　Healthcare Improvement Scotland (HIS) Board member
　Duncan Service 　Employee Director

　Healthcare Improvement Scotland (HIS) Officers
　Brian Robson 　Executive Clinical Director
　Claire Sweeney 　Interim Director of Quality Assurance
　Sara Twaddle 　Director of Evidence, Lead Officer
　Maggie Waterston 　Director of Finance and Corporate Services
　June Wylie 　Deputy for Director of Improvement Support and ihub
　Anne Lee 　Chief Pharmacist, SMC
　Karen Ritchie 　Head of Knowledge and Information
　Susan Myles 　Professional Lead, Scottish Health Technologies Group (item 3.4 onwards)
　Roberta James 　SIGN Programme Lead (item 4 onwards)
　Edel Sheridan 　Project Officer (item 3.5)
　George Fernie 　Senior Medical Reviewer (item 5)

　Public Partner
　Susan Siegel

　Committee Support
　Pauline Symaniak 　Corporate Governance Officer

　Apologies
　Robbie Pearson 　Acting Chief Executive
　Laura McIver 　Chief Pharmacist, Scottish Medicines Consortium (SMC)
　Jonathan Fox 　Chair of Scottish Medicines Consortium (SMC)
　John Kinsella 　Chair of Scottish Intercollegiate Guidelines Network (SIGN)
　Iain Robertson 　Chair of Scottish Health Technologies Group (SHTG)
　Ruth Glassborow 　Director, Improvement Support and ihub
　Norman Gibb 　Public Partner
### 1. OPENING BUSINESS

<table>
<thead>
<tr>
<th>ACTIONS</th>
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<tbody>
<tr>
<td><strong>1.1 Welcome</strong></td>
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<tr>
<td>The Chair welcomed all present to the meeting of the Quality Committee, including June Wylie, deputising for Ruth Glassborow, and Anne Lee and Karen Ritchie, as representatives from the Evidence Directorate.</td>
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<tr>
<th>ACTIONS</th>
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<tr>
<td><strong>1.2 Apologies for absence</strong></td>
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<tr>
<td>Apologies were noted as above.</td>
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<tr>
<th>ACTIONS</th>
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<tbody>
<tr>
<td><strong>1.3 Minutes of the meeting held on 19 May 2016</strong></td>
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<tr>
<td>The minutes of the meeting held on 19 May were approved with the following amendments:</td>
</tr>
<tr>
<td>a) Present list – Health Technologies Group “Deputies” to be changed to “Chairs”</td>
</tr>
<tr>
<td>b) Section 5.3 – second para wording to be changed to “The Executive Clinical Director gave a verbal update and highlighted that the mechanisms were not reliably in place to provide full clinical assurance across our programmes as the consistency of the assessment method had not been established and hence a more proactive mechanism was being developed. He advised that he was not aware of any significant issues that the Committee should be aware of.”</td>
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<th>ACTIONS</th>
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<td><strong>1.4 Review of action point register: 19 May 2016</strong></td>
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<tr>
<td>The Committee noted that all actions were complete or an update provided. The Director of Finance and Corporate Services noted that item 5.1, Future Reporting of the Local Delivery Plan, had been agreed at the Board meeting on 22 June.</td>
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### 2. COMMITTEE GOVERNANCE

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<th>ACTIONS</th>
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<tr>
<td><strong>2.1 Declarations of interest</strong></td>
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<tr>
<td>None stated</td>
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<th>ACTIONS</th>
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<tr>
<td><strong>2.2 Business Planning Schedule</strong></td>
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<tr>
<td>The Chair advised that the Director of Evidence had completed a lot of work with colleagues to ensure the business planning schedule was focused and reflected the main duties of the Committee.</td>
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The Committee advised that they were content with the business planning schedule, recognising that there continued to be flexibility in the process. |

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<th>ACTIONS</th>
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<td><strong>2.3 Risk Management for the Quality Committee</strong></td>
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<tr>
<td>The Director of Finance and Corporate Services gave a brief summary of the papers circulated in advance of the meeting and advised that the papers set out the corporate and the high/very high operational risks within the remit of the Committee. The Director drew the Committee’s attention to risk number 437 and the additional risk created to supplement it, and advised that these risks would be reviewed by the Audit and Risk Committee on 3 August and the Board on 24 August.</td>
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</table>

In response to a number of questions from the Committee about risk 437, regulation of independent healthcare, the following points were clarified by the Interim Director of Quality Assurance: |
a) All services within scope had to be legally registered by 31 March 2017 and there was confidence within the Directorate that this would be achieved. A failure to achieve would represent a reputational risk to the organisation. The risk was not that the applications would not be processed within the timeline but that the registrations would not be received from the services.

b) The onus was on the services to be legally registered by the deadline and they would have to cease to trade if they did not meet that deadline. However HIS had set an earlier non-regulatory deadline of September 2016 for all services to have submitted their applications for registration. This would mitigate against the risk of a large number of registrations being received immediately before the March 2017 deadline. There was also ongoing communication and support for the services to help them with the registration process.

c) To date, only one service had registered but a number of applications were in progress. 500 services were expected to register. Plans were in place to deal with a large number of registrations if received close to the March 2017 deadline.

d) The fees had been set in relation to the work required to undertake the registration process. There was, in particular, ongoing communication with dentistry services to ensure they would provide sufficient information to enable registration to be completed.

e) The Expert Advisory Group was examining the fees structure to better reflect levels of intervention and this would also be discussed with stakeholders.

It was agreed that a supplementary note about the risks associated with the regulation of independent clinics would be submitted to the Audit and Risk Committee on 3 August 2016.

In response to additional questions about risk, it was agreed that:
   f) Risk 216, SPSP Programme Board, would be re-assigned to the ihub Committee.
   
   g) The rating of risk 72, joint inspection of adult services, would be reviewed.

The Committee noted the update on the management of risk.

3. STRATEGIC BUSINESS

3.1 Sharing Intelligence

The Executive Clinical Director referred to the papers issued in advance of the meeting, noting that the cover paper set out progress to date and the document attached provided a proposed approach to sharing intelligence with practical examples. The proposals had been informed by further consultation with stakeholders including NHS Lanarkshire, additional formal internal meetings and close working with ihub and Quality Assurance. The document was used as the basis for a consultation paper with the NHS Board Chief Executives which would report back in September.

In response to a number of questions from the Committee, the following additional points were highlighted:
   a) A protocol was in development to mitigate against the risks of not sharing intelligence.
b) A process for routinely sharing soundbites of key HIS data would be developed. There were gaps in the data that would be identified through internal and external collaboration.  
c) The Sharing Intelligence Group provided the opportunity to examine how to share data at NHSScotland level.

It was agreed that the Information Strategy paper that would be submitted to the October meeting would include the areas discussed above and analysis of the feedback from the consultation with NHS Board Chief Executives.

The Committee noted progress with the development of the sharing intelligence work.

3.2 Outcomes Framework

The Director of Evidence presented the framework circulated in advance of the meeting and provided an update to the progress on development of the measures. She advised that the Executive Team had discussed how to increase the pace and scale of the work across all the organisation’s activities. The Director of Finance and Corporate Services advised that work was underway and would be ongoing through the year, to match performance reporting with the outcomes framework. A mixed format paper would be submitted to the August Board meeting.

The Committee welcomed the framework, noting that it provided a fuller and more useful picture of the organisation’s work and its outcomes. The Committee extended their thanks to staff for the work to develop it.

The Committee noted that the framework did not include significant case reviews and it was agreed that a fuller discussion of this area would be arranged outwith the meeting.

The Committee approved the outcomes chain presented.

3.3 Strategic Planning Process 2017-18

The Director of Finance and Corporate Services presented a paper setting out the proposed approach to strategic planning. She explained that the paper captured the outcomes from Executive Team sessions and the aspiration to have a three year plan for the organisation. The following points were highlighted:

a) The first step had been to examine the organisation’s stakeholders and to decide what needed to be delivered for them. This reflected more work for the organisation in the integrated space.

b) The Executive Team had also examined the Local Delivery Plan (LDP) and identified categories of work within this. These would indicate where HIS had discretion in what it delivered and where there was no discretion.

c) Page 15 of the document had set out a basis for the work which would also be mapped to the seven contributions and capture impact and resources.

d) The proposed timetable for next steps was: hold early discussions at the Board meeting in August; discuss proposals with the Corporate Management Team in September; further discussions at the Board Seminar in October; provide a draft three-year Strategic Plan for 2017-18 including resources to the November Board for consideration.
There then followed a discussion which covered the following areas:

- e) There was a need to factor into plans resources and workload.
- f) Consideration was required about what information would be needed to take a decision about shifting the priority of different work strands.
- g) The Chairman’s annual objectives, as set by NHSScotland, should be factored into plans.
- h) Consideration was required about how the work of the organisation would impact on inequalities.
- i) External stakeholder engagement would be held during August/September and would provide information on the priorities of NHS Boards, IJBs and others.

The Committee approved the proposals for the planning process.

### 3.4 Scottish Antimicrobial Prescribing Group (SAPG) Governance Arrangements

The Director of Evidence referred to the paper issued in advance of the meeting and set out some context for the proposed change. SAPG had been part of the organisation since 2008 and was funded by a Scottish Government grant. It had previously been considered to be part of the Scottish Medicines Consortium but over time it had become clear that their roles were very different. It was therefore proposed that SAPG become formally a separate entity and part of the Quality Committee governance arrangements. The Chairs of SAPG and SMC had been supportive of this proposal.

The Committee approved the proposal and the proposed changes for the Code of Corporate Governance, subject to one amendment to the SMC entry.

**Director of Evidence**

### 3.5 Effective Care Programme

The Committee received an update from the Executive Clinical Director on progress with the programme. The following key points were highlighted:

- a) The programme had completed the design phase and this was reflected in the paper presented.
- b) There had been significant stakeholder, patient, professional and advisory input, and initial feedback had been positive. It was supported by NHS Board Chief Executives.
- c) The offering was a national one and the business case had been submitted to Scottish Government.
- d) The next advisory group meeting would be held on 4 August and it was hoped that a response from Scottish Government would be available at that time.

In response to questions from the Committee, the following points were made:

- e) The focus on outcomes would capture care experience as well as cost, as cost impact alongside quality outcomes had been a priority for Board Chief Executives.
- f) The costings for the programme Clinical Lead were based on comparisons with similar roles. All due processes would be followed during the appointment phase.

The Committee endorsed the proposals within the paper.
### 3.6 Quality of Care Reviews

The Committee received an update from the Interim Director of Quality Assurance on the Quality of Care reviews. The following points were highlighted:

a) Connections had been made across the organisation to develop the work in a practical sense and the programme board was chaired by both the Interim Director of Quality Assurance and the Director of Improvement Support & iHub, thus ensuring there was a focus on improvement.

b) External engagement had taken place on the approach, and governance and operational plans were in place.

c) The framework would align to the National Clinical Strategy.

d) The programme was now in the testing phase and how it would operate in practice was under development, ensuring there was scope for refinement.

e) Agreement had been received to test with the Child and Adolescent Mental Health Service (CAMHS) in NHS Lothian during summer and autumn. Table top testing would take place during the rest of the year.

The Director of Evidence advised that the development phase of the national care standards was being completed and the programme would then move into its implementation phase across all health and social care. A human rights based approach had been adopted with the focus on the experience of the individual. There would be overt linkages with the Quality of Care reviews and both programmes were at helpful stages of development.

In response to questions from the Committee, the following points were clarified:

f) It was not clear how mandatory staffing levels would be addressed but this area would link to sustainability which would be covered in the framework.

g) The testing phase would enable issues around the human rights approach and the UN convention for children to be examined more closely.

h) Testing across a range of sectors to ensure applicability would be completed during financial year 2016/17 and the new approach adopted from 2017/18.

The Committee noted and welcomed the progress on the Quality of Care reviews programme.

### 4. REPORTS

#### 4.1 Health Technologies Groups Update

a) SHTG Update

The Professional Lead for the Scottish Health Technologies Group highlighted the following key points in the paper issued in advance of the meeting:

- The group’s key focus at present was the first meeting to be held in public on 28 July. The Communications Team had delivered a social media campaign and all available public places had been booked.
- The Landing Zone commission from Scottish Government to establish a process for routine consideration of national guidance on non-medicine technologies was on track to deliver a strategic plan in autumn. This item would be submitted to the October Quality Committee and the November Board.
- European Union Network for Health Technology Assessment
collaboration had commenced. There would be a permanent means of co-operation established notwithstanding the EU referendum result.

**b) SIGN Update**

The SIGN Programme Lead highlighted the following key points in the paper issued in advance of the meeting:

- Good publicity was generated with the assistance of the Communications Team around the recent publication of the guideline on the assessment, diagnosis and interventions for autism.
- SIGN was working with colleagues in Knowledge Management and the Health Service Research Team to develop a rapid update process for guideline 116 on diabetes to meet the December deadline for the publication of the Scottish Government’s diabetes prescribing strategy.
- Support was sought and given from the Quality Committee for SIGN to co-host the 2018 G-I-N conference with NICE.

**c) SMC Update**

The SMC Chief Pharmacist highlighted the following key points in the paper issued in advance of the meeting:

- The SMC Chief Pharmacist and the Director of Evidence had attended a very constructive stakeholder event in respect of the Montgomery Review. The review would report to the Cabinet Secretary by the end of summer. A meeting had been requested with Dr Montgomery to discuss ultra orphan medicines which have a very low acceptance rate.
- The SMC workload remained high and reflected the trend towards targeted medicines.

The Committee noted the updates from the technology groups and asked that the Board remain sighted in particular on the work of the SMC.

### 4.2 Death Certification

**a) Senior Medical Reviewer’s (SMR) Annual Report**

The Executive Clinical Director referred to the draft Annual Report issued with the papers and confirmed that it was a statutory requirement for the SMR to produce an annual report. He advised that the draft report had been reviewed by the Executive Team and the Death Certification Review Service Management Board.

The SMR highlighted the following points from within the report:

- In the first year 6000 medical certificates of cause of death (MCCD) had been scrutinised and just under half of those were found to be not in order. This was more than anticipated based on test site data. 89% of those not in order were due to minor errors while 11% (5% of the total) were due to major errors requiring a replacement certificate.
- There were fewer interested persons applications than anticipated and fewer out of hours contacts than anticipated at approximately one call per month. There were only 307 advance registrations with 10% of these being for religious/faith reasons.
- The uptake of the electronic MCCD in primary care was lower than expected but it was hoped that rollout into secondary care would improve the statistics.
- 6 post-mortem examinations requests had been made in respect of repatriation cases.
In response to questions from the Committee the following points were clarified:

- Faith Groups and the Scottish Government were aware of the low uptake of advance registrations. Scottish Government had not proposed any changes but the two-year review stage would be a natural point to re-examine this.
- There would not be any paper copies of the Annual Report published but the electronic copy would be placed on the HIS website. Clarity would be sought with Scottish Government about the handling of communications around publication.
- There would be improvement work undertaken with service users to raise quality standards of medical certificates and overall feedback had suggested that the service was seen as supportive and educative.

The Committee extended their thanks to the SMR and his team for the effective implementation of the service and advised that they were content with the Annual Report.

b) Death Certification Review Service (DCRS) Update Report

The Committee noted the report.

5. **ITEMS FOR NOTING**

5.1 **Medicines Factsheet**

The Executive Clinical Director referred to the Medicines Factsheet which was distributed at the meeting. He advised that the factsheet was an output of the Area Drugs and Therapeutics Committee Collaborative as a result of a request from professionals and the public to simplify a previous more complex document. The 10-week consultation process had included the public and public partners. The document was now being printed and distributed. The University of Aberdeen would undertake an assessment of its effectiveness and reach.

6. **CLOSING BUSINESS**

6.1 **Board report: key points**

The Chair and Director of Evidence agreed to reflect on the key points from the meeting which would include SAPG Governance, the Outcomes Framework, the DCRS Annual Report and the Effective Care Programme.

6.2 **Any other business**

There was no other business.

7. **DATES OF FUTURE MEETINGS**

Dates in brackets are Wednesday Board meeting dates

- (24 August 2016)
- Wednesday 19 October 2016, Delta House, Glasgow
- (23 November 2016)
- 26 January 2017, Delta House, Glasgow
- (22 February 2017)
SUBJECT: Staff Governance Committee, 30 August 2016: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee on 30 August 2016.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

   a. Maximising Potential
      The committee discussed a paper on how to best develop the workforce to fit not only the future of Healthcare Improvement Scotland but also to increase career development in general. The aim is to maximise potential by creating more obvious career pathways, supporting better succession planning and establishing a more flexible workforce.

   b. Organisational Change
      There is a large amount of organisational change taking place across the organisation: establishing the iHub; the restructure of Human Resources and Organisational Development; and changes within Business Planning. These need to be managed effectively and the committee discussed the demands this was putting on the organisation and how to mitigate against these.

   c. Shared Services
      The committee had a useful development session on shared services which covered existing and potential shared services both within Healthcare Improvement Scotland and also at national level. There was also a discussion in the formal meeting around the future of HR shared services both nationally and locally at a special health board level and the need for partnership working to be central to this. It was also agreed that any shared service would need to deliver for Healthcare Improvement Scotland.

Duncan Service
Committee Chair
SUBJECT: Staff Governance Committee, 8 November 2016: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Staff Governance Committee on 8 November 2016.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

   a) Workforce Equality Monitoring Report
      The Committee welcomed the increase in employment of staff aged under 25 and the commitment to bring in the modern apprenticeship programme in 2017. In general the committee welcomed the report, however there are still some areas where the monitoring data is missing, the committee welcomed the plans to update as part of the migration to the new HR system.

   b) Workforce Planning
      The Committee discussed the update report against the 2016/17 workforce plan. It is clear that the planning process around workforce is becoming more sophisticated and the report provided assurance to the committee that the workforce plan was being implemented.

   c) Agile Working
      The recent engagement with staff around the move to a more agile approach working had generated over 180 individual responses. This highlighted to the committee the need to implement this in a way which addresses staff concerns. There are number of cultural and practical factors which have to be addressed and the committee looks forward to receiving a further update reporting on implementation.

   d) Prevent Programme
      The Prevent Programme is a UK government initiative aimed at preventing radicalisation. The committee welcomed the discussion around this issue and was reassured by the commitment to develop a plan which dealt with the needs of Healthcare Improvement Scotland and also addressed some of the complaints that had been levelled against this initiative from parts of England and also other sectors in Scotland. It was agreed that this was an important issue and we needed to finalise the plan and move towards implementation. The Committee will monitor progress with implementation.

Duncan Service
Committee Chair
Meeting of the Board of Healthcare Improvement Scotland Staff Governance Committee

Date: Wednesday 18th May 2016
Time: 10.30am–12.30pm
Venue: Meeting Room A, Delta House, 50 West Nile Street, Glasgow, G1 2NP

Present
- Duncan Service (Chair) - Board Member/Employee Director
- Sara Twaddle - Director of Evidence
- Bryan Anderson - Board Member
- George Fernie - Deputy for Clinical Directorate
- Robbie Pearson - Acting Chief Executive
- Anne Lumsden - Organisational Development & Learning Manager
- Anthony McGowan - Human Resource Manager
- Claire Sweeney - Director of Quality Assurance
- Maggie Waterston - Head of Finance (Item 3.3 and 4.1 only)

Partnership Representatives
- Margaret McAlees - Partnership Forum
- Belinda Henshaw - Partnership Forum

Committee support
- Eleanor MacKenzie - HR Team Support Administrator
- Frieda Cadogan - Administrative Officer

Apologies
- Kathleen Preston - Board Member
- Hamish Wilson CBE - Board Member

ACTION

1. WELCOME AND APOLOGIES FOR ABSENCE
   1.1 Chairman’s welcome
   1.2 Apologies
      Apologies received as noted above.

Chairman
### 2. MINUTES OF PREVIOUS MEETING/ACION POINT REGISTER

<table>
<thead>
<tr>
<th>2.1</th>
<th>Minutes of previous meeting – 23rd March 2016</th>
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<tr>
<th>2.2</th>
<th>Review of action point register; review of open items and matters arising</th>
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<tr>
<td>4.1</td>
<td>Sub Committee set up and meeting week beginning 23 May 2016 to discuss issues.</td>
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<td>4.5</td>
<td>Confirmed that we as an organisation are compliant with the Living Wage. Health Scotland have applied but still awaiting update.</td>
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<td>6.1</td>
<td>Anne Lumsden confirmed that with regards to iMatter the 3rd cohort Board reports are being done for the whole organisation.</td>
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<tr>
<td>7.3</td>
<td>With regards to Exit Interview, the format of the report is going reviewed as qualitative information should be the focus.</td>
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<tr>
<td>7.4</td>
<td>With regards to Whistleblowing, this will tie in with counter fraud and this is being looked into.</td>
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### 3. COMMITTEE GOVERNANCE

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<tr>
<th>3.1</th>
<th>Declaration of Interest</th>
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<td></td>
<td>No declarations made.</td>
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<th>3.2</th>
<th>Business Planning Schedule</th>
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<td>Updated paper circulated prior to meeting. Chair met with Committee Secretary to review this and has asked the Committee to feedback any comments.</td>
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<tr>
<th>3.3</th>
<th>Risk Management/Risk Register</th>
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<td></td>
<td>Director of Finance and Corporate Services joined meeting via telephone to present this paper with a view to updating the Staff Governance Committee with the information to enable them to review the corporate and high/very high operational risks relating to the remit of the committee.</td>
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The Director of Finance and Corporate Services informed the Committee that there were 3 risks relating to this Committee. One relating to Workforce Strategy, risk number 246 is maintained at a risk level of medium. Due to the considerable change which is happening within the organisation, Horizon scanning is being used to monitor workload and staff are continuing to be kept informed as much as possible.

Risk number 7 also in relation to Workforce Strategy is currently sitting at ‘High’ and this is not being managed well in relation to flexibility of workforce. Director of Evidence is currently working on a paper which is inclusive of prioritisation. Director of Quality Assurance supports Director of Finance comments on this with the view that we should all be tackling this problem.
4. CORPORATE PLAN

<table>
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<tr>
<th>4.1 LDP/Workforce Plan 2016-17</th>
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| Director of Finance and Corporate Services presented the final draft of the 2016/17 Workforce Plan prior to it being submitted to the Healthcare Improvement Scotland Board for approval at its meeting on 23 June 2016.  

Workforce capability & development requirements are provided over a three year period, matching priorities to available resources and demonstrating a continuous and sustainable approach to workforce development.  

The main areas currently being reviewed are:  
- Launch of Improvement Hub (‘ihub’)  
- Establishment of Quality of Care reviews  
- Establishment of independent healthcare inspection  
- Development of the work relating to ‘Our Voice’

Comments have been received from Hamish Wilson (Board Member) around non-employed workforce and budget and the Plan will be updated to reflect his comments.  

Kathleen Preston (Board Member) had commented that some areas are difficult to recruit to and performance management reporting would incorporate this information.  

Partnership representative raised concerns with regards to the Plan being relevant to 2016/17 figures, however, what is happening to those staff who are currently working more than their contracted hours. As an organisation, we need to address this and this may be through the Workforce plan or the LDP. Work is still ongoing and this will be addressed. It could be added as an agenda item to the Partnership Forum then feedback given to this Committee.  

It was also noted that staff issues are part of the Corporate Risk Register.  

Director of Evidence commented that with regards to the section on Change Management, more active wording would be of benefit here.  

Director of Finance and Corporate Services left the meeting at 11am.  

The section on ‘Meeting the workforce vision 2020’ was discussed at the previous meeting and no further comments received on this.  

The section of ‘Workforce Development Priorities 2016-19’ was discussed at previous meeting and comments were received regarding the non Executive side development. This is now reflected in the people management section.  

With regards to page 21 in relation to pay changes, it is anticipated that this will increase due to larger growth.
It was highlighted that there would be a difference in recruitment and HR will work with the Directors on this. The financial position will need to be reviewed around October/November as this may change.

Partnership representative queried the apparent increase in band 7 posts, as this was originally thought to be reducing. Human Resource Manager advised that an exhaustive investigation was undertaken and this was the necessary outcome due to these being specialist posts.

A discussion also took place around additional pressures on support staff with increased numbers of staff being recruited. This is being looked at across the organisation with ideas such as shared services. It was also noted that within the organisation there exists good working relationships and engagement with Partnership.

The Committee gave agreement to support this at the Board and an update will be circulated to the group by the Human Resources Manager.

### 4.2 Change Management Board

- **Annual Report**

The Annual Report was circulated along with the Terms of Reference to provide an update to the Committee about the work of the Change Management Board and its ongoing role for 2016/17.

The savings plan for 2015/16 was fully achieved.

Focus for year ahead will be on further efficiency savings, both cash releasing and time releasing.

Partnership representative commented that it would be good practice for staff who have contributed ideas throughout the year on savings could be acknowledged. Perhaps an ‘all staff’ email could be sent.

### 4.3 Shared Services

It was suggested that perhaps the Committee could allocate some time, perhaps at the next Committee meeting as a development session on this. The Chair will follow this up.

The Acting Chief Executive is eager that we, as an organisation, lead on this and he is in agreement that a wider session would be helpful and this should be arranged.

### 4.4 Corporate Objectives 2016-17

The Corporate Objectives 2016-17 are presented to the Committee to keep them informed that all staff have been asked to include these in their work objectives for 2016 – 2017.

Everyone needs to understand their role in this.

Some concerns were highlighted around the communication of this to staff with general opinion that this should be made clearer to staff what is expected. It was agreed that communication could be improved and
it would be a good idea to incorporate worked examples into this.
Organisational Development and Learning Manager will report back to the next Committee meeting.

### ACTION

<table>
<thead>
<tr>
<th>ACTION</th>
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<tbody>
<tr>
<td>Organisational Development and Learning Manager</td>
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</table>

### 5. WORKFORCE METRICS

#### 5.1 KSF Update

The Organisational Development and Learning Manager presented the paper to the Committee to inform them of planned changes to the electronic administration of the Knowledge and Skills Framework Performance Development Review and of the requirement to rationalise and simplify our Knowledge and Skills Framework Post Outlines in preparation for these changes.

eKSF system contract is coming to an end therefore this will be replaced by Oracle Performance Management system in 2017.

### 6. STAFF GOVERNANCE ACTION PLAN

#### 6.1 Staff Governance Monitoring Report 2015-16

The Organisational Development and Learning Manager presented the paper with a view to informing the Committee about Healthcare Improvement Scotland’s self assessment against the Staff Governance Standard and progress with the Staff Governance Action Plan 2015 – 2016 and to ask the Committee for the approval of the Staff Governance Framework Monitoring return for 2015 – 2016.

Main areas of good practice were communication with staff and keeping them informed of news and changes within the organisation, although there are some issues in some areas and these are being addressed.

The Acting Chief Executive asked the Committee to feedback any comments on this.

#### 6.2 Staff Governance Action Plan 2016-17

The paper was presented to inform the Committee of the proposed focus and actions for the Staff Governance Action Plan for 2016 – 2018 in the light of the Staff Governance Monitoring Framework self assessment, the NHS Scotland Staff Survey results for 2015 and the iMatter Board Reports for 2015 – 2016.

It was highlighted that the National Staff Survey is not taking place this year, therefore we need to decide, as an organisation, if we still want to undertake an internal staff survey. This will be discussed at the Partnership Forum.

#### 6.3 2020 Workforce Vision

Paper presented to provide information to the Committee on the Everyone Matters 2020 Workforce Vision: Implementation Plan 2016 – 2017 and to ask the Staff Governance Committee to approve the Healthcare Improvement Scotland 2020 Workforce Vision.
7. VALUES, BEHAVIOURS, ENGAGEMENT & COMMUNICATION (VBEC)

7.1 iMatter Update on Progress
Covered earlier in meeting, but agreed we, as an organisation, are now in a better position as action plans are now in place.

7.2 Prevent Programme
Director of Evidence informed the Committee that there is a meeting being held on 19th May regarding this and an action plan from this will be brought to the next Committee meeting and the Partnership Forum. Need to be mindful of different groups of people across Scotland and possible issues around Equalities and this needs addressed by us, as an organisation.
Deputy for Clinical Directorate would be helpful for advice on this for any future discussions.
Deputy for Clinical Directorate left meeting at 12.15pm.

7.3 Partnership Forum Minutes – for information – 20 January 2016
Covered in previous points in the meeting. Nothing further to note.

7.4 Partnership Forum 3 key points – 14 April 2016
1. Ongoing Restructure
2. Moving from eKSF to eESS
3. Change Management Board

8. CLOSING BUSINESS

8.1 Board Report – 3 Key Points
1. Corporate Objectives
2. Workforce Planning
3. Change Management Board

8.2 Feedback Session

9. ANY OTHER BUSINESS
None noted.

10. DATE OF NEXT MEETING
10.1 30 August 2016, Gyle Square, Edinburgh
MINUTES - Approved

Meeting of the Healthcare Improvement Scotland Staff Governance Committee at
11.00 am
30 August 2016
Boardroom, Gyle Square, Edinburgh

Present
Duncan ServiceChair
Kathleen PrestonBoard Member
Bryan AndersonBoard Member
Jackie BrockBoard Member
Dame Denise Coia (DBE)Chairman

Healthcare Improvement Scotland Officers
Maggie WaterstonDirector of Finance and Corporate Services/Lead Officer
Ruth GlassborowDirector of Improvement Support & iHub
Margaret McAleesPartnership Representative
Anne LumsdenOD & Learning Manager
Tony McGowanHR Manager

In Attendance
George FernieDeputising for Brian Robson (Executive Clinical Director)

Apologies
Richard NorrisDirector of Scottish Health Council
Belinda HenshawPartnership Representative
Angiolina Foster (CBE)Chief Executive
Brian RobsonExecutive Clinical Director
Sara TwaddleDirector of Evidence
Claire SweeneyDirector of Quality Assurance
Robbie PearsonActing Chief Executive

Committee Support
Frieda CadoganCommittee Secretary

1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed all present to the meeting, including George Fernie who was deputising for the Executive Medical Director and Jackie Brock who was attending for her first meeting as the new Non Executive member of the Committee.

1.2 Apologies were noted as above.

2. MINUTES OF PREVIOUS MEETING/ACTION REGISTER

2.1 Minute of Staff Governance Committee meeting on 18 May 2016

The minute of the meeting held on 18 May 2016 was approved as an accurate record.
<table>
<thead>
<tr>
<th>2.2</th>
<th><strong>Review of action point register of Staff Governance Committee meeting on 18 May 2016</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Committee reviewed the action point register from the meeting on 18 May 2016 and noted the status report against each action. All actions were noted as complete, with the exception of the following which will be presented at the November Committee meeting:</td>
</tr>
</tbody>
</table>
|     | item 7.3 - Exit Interview Analysis  
   Item 7.2 – Prevent Programme Progress Update |
|     | The Equality Workforce Monitoring Report will also be presented at the November meeting. |

| HR Manager |

<table>
<thead>
<tr>
<th>3.</th>
<th><strong>COMMITTEE GOVERNANCE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td><strong>Declaration of Interest</strong></td>
</tr>
<tr>
<td></td>
<td>No declarations noted.</td>
</tr>
<tr>
<td>3.2</td>
<td><strong>Terms of Reference</strong></td>
</tr>
<tr>
<td></td>
<td>The Committee Chair presented the revised version of the Staff Governance Terms of Reference which has been standardised in line with the other Committees and updated in the Code of Corporate Governance.</td>
</tr>
<tr>
<td></td>
<td>The Committee noted the update.</td>
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<table>
<thead>
<tr>
<th>3.3</th>
<th><strong>Business Planning Schedule</strong></th>
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<tbody>
<tr>
<td></td>
<td>The Chair informed the Committee that the Business Planning Schedule had been reviewed and updated with the updated schedule being presented at this Committee meeting.</td>
</tr>
<tr>
<td></td>
<td>It was highlighted that there will be a discussion on the Workforce Plan and progress being made at the November meeting.</td>
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</tbody>
</table>

| Director of Finance & Corporate Services |

<table>
<thead>
<tr>
<th>3.4</th>
<th><strong>Risk Management/Risk Register</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Committee received a report from the the Director of Finance and Corporate Services on the Corporate Risks relating to the remit of the Committee and confirmed that any changes since the previous meeting were shown on the movement schedule included in the papers.</td>
</tr>
<tr>
<td></td>
<td>It was noted that there were no Operational Risks relating to this Committee, rated as High or Very High.</td>
</tr>
<tr>
<td></td>
<td>In response to a number of questions from the Committee, the following points were clarified:</td>
</tr>
<tr>
<td></td>
<td>Risk 14 – This should be reviewed with regards to the seven contributions, including transformational change.</td>
</tr>
<tr>
<td></td>
<td>Risk 10 – Executive Team now meet on a fortnightly basis and have a regular Monday morning huddle. The Corporate Management Team have had their first meeting under the new model and this was felt to be a more efficient and effective use of time with better opportunities for feedback.</td>
</tr>
</tbody>
</table>

| Director of Finance & Corporate Services |
### 4. CORPORATE PLAN

#### 4.1 Staff Governance Action Plan

The Committee received a verbal update from the OD & Learning Manager on the action plan that was agreed at the previous meeting. The main points were:

- iMatter Board Report – The first of our three cohorts have undertaken iMatter for 2016 with a similar percentage of response rates and Employee Engagement Index score as 2015
- Employee relations in-depth score 80%
- Completion rate of 88%

The Committee agreed to carry out an internal survey to capture any issues that are not covered in the iMatter survey to enable measurement against areas covered by the previous All Staff Survey.

The Chair advised the Committee that the action plan was discussed at the Board meeting in June and asked the Committee if they had any points they would like to raise since then. No points were raised.

The OD & Learning Manager will send the most up-to-date version of the action plan to the new Non-Executive Committee member.

#### 4.2 Change Management Board Update

The Committee received a verbal update from the Director of Finance & Corporate Services whereby the following points were highlighted:

- Change of focus from reducing costs using the organisational change policy to time releasing efficiency savings by improving productivity
- Funds have been allocated by the Change Management Board to support various efficiency projects. This includes funding to support the eEss Project which will improve management, interpretation and reporting of HR data
- Focus on Agile Working and Flexible working – a proposal will be presented to the Change Management Board regarding funding.

In response to a number of questions from the Committee, the following points were clarified:

- Outcome measures can be set for Agile Working to identify the benefits of this
- Staff Survey will also reflect this, although pulse survey may be required in the interim to temperature check how staff are adapting to the changes
- ihub and Quality Assurance Directorates currently use hot desks successfully which will assist with introducing agile working across the organisation
- An engagement exercise is currently taking place with staff
- Need to review IT in relation to different communication options
such as the potential use of skype etc.

### 4.3 eESS Update

The Committee received a verbal update from the HR Manager on the following:
- A Project Team has been established which has met twice
- Implementation date is 31 March 2017
- There has been engagement with NSS as eESS system is currently fully implemented there. NSS are willing to support us with transition to the new system
- Site visits and demonstrations have been arranged including the use of Gemini (work flow management) which is being considered.
- An Administrative Officer will be appointed to support the duration of this project

In response to a number of questions from the Committee, the following points were clarified:
- Benefits of new system will be improved analysis of data, better understanding of skills and capability of staff and improved support toward flexible working
- Improved recording of staff training
- Improved performance and development review system which will replace eKSF thus resulting in more reliable statistics.

### 4.4 HR/OD&L/Facilities Organisational Change Update

The Committee received a verbal update from the Director of Finance & Corporate Services on the consultation process for the current organisational change being undertaken in HR, OD&L and Facilities. The consultation process will close on 31 August. The Head of HR post which is currently empty and has Organisational Development and HR responsibility will be split to create two separate teams. Under the new changes, the HR team, which also incorporates Facilities, will change its name to People and Workplace.

In response to a number of questions from the Committee, the following points were clarified:
- Robust plans have been put in place to ensure there are no negative impact on the organisation
- Staff Governance Committee will continue to monitor progress of this current organisational change, as well as continue to monitor all other areas of organisational change within the organisation
- An update will be provided at the November meeting.

**Director of Finance & Corporate Services**

### 4.5 Shared Services

The Committee received a presentation from the Director of Finance & Corporate Services at the development session, which was held prior to the committee meeting.

### 4.6 ihub Resourcing

The Committee received a presentation from the Director Improvement Support & ihub to give an update on the ihub resourcing current position,
which highlighted the following:

- Monthly vacancy projections were provided, which showed the number of vacant posts as at August 2016 reported as 19.5 WTE, in comparison to the forecast made in May 2016 of 2 WTE
- This is due to delays in recruitment, new posts with new funding, and posts not vacant when predictions made in May
- An overview was provided of the reasons for the delay in recruitment such as:
  - Differences between band 8a and band 8b which needs to be resolved
  - Delay in the release of newly recruited staff from their current employer
  - Difficulty in recruiting to fixed term and secondment posts.

5. VALUES, BEHAVIOURS, ENGAGEMENT & COMMUNICATION (VBEC)

5.1 Maximising Potential

The Committee received a paper from the OD & Learning Manager asking them to consider the proposals within the paper, to develop an approach to maximise staff potential, in line with the main principles outlined in the paper.

The main points highlighted were:

- Introduction on ways of supporting a flexible workforce
- Executive Team have had an initial discussion around talent management and agreed focus should be on maximising everyone’s potential
- Implementation of this will be managed in Partnership
- A proposal was presented at Partnership Forum meeting on 3rd August and approval was given in principal to proceed
- NHS Leadership Academy has completed some work on this around career discussions
- CMT have agreed that all managers need to be trained on coaching.

In response to a number of questions from the Committee, the following points were clarified:

- Committee members are supportive of this
- Acknowledgement that there is the potential for good staff to move on, however, investment is still needed for quality
- This will attract staff from other areas, outside the NHS, which has the potential to inject drive and innovation into the organisation
- Succession planning would be required to enable staff to act up and develop their skills, when required.

5.2 Partnership Forum Minutes – For Information – 9 June 2016

The Committee noted the minutes.

5.3 Partnership Forum 3 Key Points – 4 August 2016

The Partnership Representative highlighted the Sharing Intelligence paper that was discussed at the Partnership Forum and feedback was very
positive, and this will be discussed further at the Board.

6. **STANDING BUSINESS**

6.1 **Board report 3 key points**

The Chair would prepare a report for the Board highlighting the key points from the meeting which were:

- Maximising Potential
- Organisational Change
- Shared Services

6.2 **Feedback Session**

The Chair invited members to give any feedback relating to the meeting or the papers. It was agreed to discuss the Agile Working paper, post consultation, at the November meeting.

HR Manager

7. **ANY OTHER BUSINESS**

No items of any other business were discussed.

8. **DATE OF NEXT MEETING**

The next meeting of the Staff Governance Committee will be held in Gyle Square at 10.30am on 8 November 2016.
SUBJECT: Scottish Health Council Committee, 6 September 2016: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Scottish Health Council Committee meeting on 6 September 2016.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

   a) Our Voice
      The committee was updated on progress with Our Voice by the newly appointed Programme Director, Helen McFarlane. Key elements included the Programme Board to support the delivery of the SHC/HIS commissioned elements of Our Voice and progress with the Citizens Panel. The Committee was keen to see the new appointment raise the profile of the work being undertaken.

   b) Scottish Health Council Review
      The Committee discussed the ongoing engagement approach for the Scottish Health Council Review. Members were pleased to hear that ongoing support for the review was being resourced and that Tony McGowan would now be taking the lead and providing the support required for the two co-chairs. Input into the review from stakeholders was an important element and members were encouraged to respond to the survey.

   c) Equality Issues
      i) The Committee considered the report on the EQIA (Equality Impact Assessment) process for Healthcare Improvement Scotland. The result, from the peer review, was positive although there were a few recommendations for improvement which will be followed up.
      ii) Data on the diversity of user involvement of HIS and SHC was reviewed. This is not a formal requirement but is undertaken as an element of good practice in the context of the HIS duty of user focus. The report provided evidence of improvements and highlighted areas for further attention.

   d) Service Change
      In addition to agreeing the terms of reference for the Service Change Working Group members were briefed about the increasing focus on Service Change issues.

Pam Whittle
Chair
Scottish Health Council
Meeting of the Scottish Health Council
19 April 2016
Meeting Room 4, Delta House, 50 West Nile Street, Glasgow G1 2NP

Present
Pam Whittle Chair
George Black Member
Alison Cox Member
John Glennie Member
Irene Oldfather Member
Kim Schmulian Member
Marianne Wong Member

In attendance
Richard Norris Director
Sandra McDougall Head of Policy
Brian Robson Executive Clinical Director
Naomi Fearns Health Services Researcher - SIGN
Karen Graham Patient Involvement Officer - SIGN

Apologies
Elizabeth Cuthbertson

Committee support
Linda Bickerton Committee Secretary

1  WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed everyone and introduced the Healthcare Improvement Scotland Director who was joining us today. Brian Robson, Executive Clinical Director.

The Chair went on to welcome Naomi Fearns and Karen Graham who were attending as representatives of SIGN (Scottish Intercollegiate Guidelines Network) in order to introduce their DECIDE project to the Committee. This project had been formed to improve the dissemination of evidence based recommendations to develop and evaluate methods that address the targeted dissemination of guidelines.

General discussion followed the presentation where Naomi and Karen explained the principles behind the guidelines, timescale for the project, the audience it was aimed at and the methods utilised to ensure appropriate information went to the right people.

Brian Robson was particularly interested to hear the comprehensive explanation of the guidelines and distribution methods due to his involvement as a GP. He mentioned a Web Mentor information system in use by GP networks and agreed to speak to Naomi and Karen after the meeting to check if this would be a further distribution method that SIGN could tap into.
1.3 Minutes of Meeting held on 2 February 2016

Minutes of the meeting held on 2nd February 2016 were approved as read.

1.4 Matters Arising

The Chair asked for any matters arising.

Previous 2.2 - Public Partner Recruitment

The Head of Policy confirmed that from the recent recruitment process we had shortlisted 40, interviewed 20 and appointed 15. Most applicants came from the Central belt with one from Highland and one from the Firth of Clyde. We have achieved a more diverse pool of applicants with more people of working age. A fuller update will be provided to Committee once the induction process has been completed and new Public Partners have been matched up with different parts of the organisation.

Previous 2.3 – National Volunteering Programme

The Director reported that we had successfully secured recurrent funding for this programme which will be added to our core funding thereby integrating the National Volunteering Programme into our mainstream work. We also plan to recruit a part time assistant to work with the Programme Manager.

No further matters were raised which were not on the agenda later in the meeting.

2 STRATEGIC BUSINESS

2.1.1 Creating the Future – update on plans for 2016-17

The Director explained that this paper was an update on the initial staff engagement paper originally circulated in January 2016. The paper outlined the proposed direction of travel for the organisation in order to reflect on the changing context for services in relation to health and social care integration.

The Director summarised discussions with Scottish Government and agreement reached on progress for the Our Voice framework. The updated paper shows where there is a match with existing elements and functions.

We now intend to recruit a Programme Manager to manage the “Our Voice” programme and are looking at creating other key posts for associated specialist tasks.

The Chair explained to Committee Members that “Our Voice” is a national framework where we have been asked to take ownership of Peer Networks, Support Networks and the Citizens Panel. Recent discussions with Healthcare Improvement Scotland and Scottish Government will now enable us to strengthen key posts and move forward more rapidly.

The Committee confirmed that they were content with the revised paper.
2.1.2 Proposed Review

A review of the Scottish Health Council established functions had been suggested in order to ensure that the Scottish Health Council is well placed to respond to the integration of health and social care and rolling out the “Our Voice” framework while remaining “fit for purpose.”

The Director confirmed that discussions had been held with Healthcare Improvement Scotland and Scottish Government to reach agreement on the scope of the review exercise. The review will be co-led by the Scottish Health Council Chair, Pam Whittle CBE and an independent expert with assistance from Healthcare Improvement Scotland staff.

The Chair outlined that the independent Co-Chair would need to be someone who understands the importance of public involvement and while she has some experienced individuals in mind, she would be happy to take suggestions from Committee Members. After discussion all agreed that they would be happy to endorse Pam’s choice.

2.2 Health and Social Care Integration

The Head of Policy explained that this paper had been compiled in order to give the Committee an indication of the emerging range of activity being undertaken in response to current health and social care integration. The Head of Policy summarised activities undertaken to date by each team and confirmed that Scottish Government’s vision of the Our Voice programme covers engagement across both health and social care services. We will continue to work with colleagues and partners to ensure that the opportunity for closer alignment across health and social care is enhanced updating the Committee as integration work progresses.

2.3 Promoting a Human Rights Based Approach with Healthcare Improvement Scotland

The Head of Policy introduced this paper which provided the Committee with an update on work we have been undertaking over the last year to test a Human Rights Based Approach within Healthcare Improvement Scotland. The work programmes involved to date have been Our Voice and the Scottish Patient Safety Programme – Mental Health.

The paper had recently been discussed at a Healthcare Improvement Scotland Corporate Management Team meeting where the decision was made to implement the Human Rights Based Approach further across other work. The Head of Policy has agreed to identify three programmes for this purpose and ascertain what further support might be available from the Scottish Human Rights Commission during 2016-17. A case study of the 2015-16 work is being produced by the Scottish Human Rights Commission.

The Committee confirmed they were happy to endorse and support this approach and proposed way forward.
3 COMMITTEE GOVERNANCE

3.1 Operational Plan 2015/2016

The Director reported that this was the final Work Plan to cover the year 2015-2016 and confirmed that we are currently working on preparing the 2016-2017 Operational Plan.

Committee members had commented previously that the format of this paper made it difficult to read. The Director explained that it had actually been designed for use by the Directorate Management Team and confirmed that we are currently looking to reduce the length and simplify the format. The Director added that Healthcare Improvement Scotland had now produced a “7 contributions” paper and the management team would be looking to align our work with this concept along with the Healthcare Improvement Scotland LDP (Local Development Plan) which is submitted to Scottish Government for agreement annually.

3.2 Risk Register Update

The Head of Policy explained that due to input to the Risk Register being a monthly online process we only had a very short window for reviewing the register. This means that the report can be circulated to the Committee before updates have been logged in. Risk 262 had now been closed as we had now received confirmation that the National Volunteering Programme would be mainstreamed into Scottish Health Council Core Work.

George Black queried the background to Risk 468 – Service Change. The Director reported that there was a perceived risk to our role in quality assuring public engagement around “Major” service change. This was due to a lack of Scottish Government guidance on public involvement in the development of health and care services through Integration Authorities which could result in inconsistent engagement practices and a lack of informed decision making. Our role in ensuring that people have been involved properly in service change does not currently apply to Integration Boards. The Director confirmed that we have discussed this risk with Scottish Government colleagues and await their response.

The Chair added that this is an issue being discussed by the Service Change Working Group and the Committee will be informed of any developments.

4. ANY OTHER BUSINESS

The Chair thanked everyone for their attendance and valued input.

As there was no further business the Chair formally closed the meeting.
5. **DATE OF NEXT MEETING**

Tuesday 21 June 2016

Meeting Room 4, Delta House, West Nile Street, Glasgow

Start time of 12.30pm preceded by lunch at 12.00

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Please note:

Due to a variety of unexpected circumstances the June Committee Meeting was cancelled.

These minutes were approved at the subsequent scheduled meeting on 6th September 2016.
SUBJECT: Improvement Hub Committee, 29 September 2016: key points

1. Purpose of the report
   This report provides the Healthcare Improvement Scotland Board with an update on key issues arising from the Improvement Hub Committee meeting on 29 September 2016.

2. Recommendation
   The Healthcare Improvement Scotland Board is asked to receive and note the key points outlined.

   a) Development Session
      A very successful development session, ably facilitated by Helen Ross, was held before the main meeting; it provided the opportunity for Committee members to consider some key questions that were fundamental to their role as a Committee and to deepen knowledge and understanding of the ihub’s activities.

   b) Risk Management
      The Committee received more detailed and up to date information on some of the key risks facing the ihub. In particular, it was noted that there continued to be a number of vacancies, although these were now reducing. The impact both on the 2016-17 programme of work and the financial implications and the way in which these were being managed, were carefully considered. The revised timetable for the Improvement Fund and the consideration of expressions of interest was noted; it was agreed that there should be a further update at the next committee meeting. The Committee also recognised the importance of considering the readiness of and capacity within individual health and social care partnerships as part of the planning of programmes of work, and ensuring an appropriate balance between national and local input.

   c) ihub Workplan
      The bulk of the meeting was devoted to consideration of the ihub workplan for the next three years. Detailed work had been undertaken by Margot White, Improvement Associate, to identify the priorities of all the relevant stakeholders, and these had then been synthesised in a way which sought to assist the Committee in its deliberations. The Committee also recognised that its prioritisation process was part of the wider HIS review of its corporate plan for future years. There was strong support for the main overarching themes which had emerged from the review, and it was agreed that every programme should be assessed to determine the extent to which it was delivering against these themes. It was also important that the resource implications and potential impact and outcomes from current and proposed future programmes should be identified. There would be further consideration of the future programme at the Committee’s next meeting.

Dr Hamish Wilson
Committee Chair
MINUTES - Approved

Meeting of the Healthcare Improvement Scotland Improvement Hub Committee at 13.30
1 June 2016
Delta House, Glasgow

Present
Hamish Wilson Chair/HIS Board Member
Lucy McTernan Deputy Chief Executive, SCVO
Paula McLeay Chief Officer, Health and Social Care, COSLA
Tracey Gillies Medical Director, NHS Forth Valley
Howard McNulty Public Partner
Myra Lamont Public Partner
Irene Oldfather Director, Health and Social Care Alliance

Healthcare Improvement Scotland Board members
Angiolina Foster Chief Executive
George Black HIS Board Member

Healthcare Improvement Scotland Officers
Robbie Pearson Acting Chief Executive
Maggie Waterston Director of Finance and Corporate Services
Ruth Glassborow Director of Safety and Improvement
Brian Robson Executive Clinical Director
Sara Twaddle Director of Evidence

In attendance
Mairi Macpherson Head of Person-Centred and Quality Unit, Scottish Government Health Directorates
Celia Brown Operations Manager, ihub
Gerry Power Head of Infrastructure for Improvement

Apologies
Mary Taylor Chief Executive, Scottish Federation of Housing Associations
Karen Reid Chief Executive, Care Inspectorate
Donald Macaskill Chief Executive, Scottish Care
Anne Lumsden Organisational Development and Learning Manager
Paul Hawkins Chief Executive, NHS Fife
Annie Gunner Logan Director, Coalition of Care and Support Providers in Scotland (CCPS)
Keith Redpath Chair, IJB Chief Officers
Jackie Brock HIS Board Member
Richard Norris Director, Scottish Health Council
Elaine Mead Chief Executive, NHS Highland

Committee Support
Pauline Symaniak Corporate Governance Officer
ACTION

1. WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chair welcomed all present to the meeting. Apologies were noted as above.

The Chair welcomed Bill Barron to the meeting as deputy for Mary Taylor and Celia Brown and Gerry Power as observers from the Improvement Support and ihub Directorate.

2. MINUTES OF PREVIOUS MEETING/ACTION POINT REGISTER

2.1 Minutes of meeting on 15 March 2016

The minutes were accepted as an accurate record of the previous meeting with the following amendments:

- Howard McNulty and Myra Lamont to be added to the list of attendees.
- Heading of minutes to be corrected to “March”.

2.2 Action Point Register

The Committee received for review the action point register from the meeting held on 15 March 2016.

The Chair highlighted point 3.1 on the register and reminded Committee members to submit the names of deputies to the Committee Secretary. All other action points were covered as part of the meeting agenda or a status update provided.

3. COMMITTEE GOVERNANCE

3.1 Business Planning Schedule

The Director of Improvement Support and ihub presented the paper circulated in advance of the meeting and advised that this continued to be a working document.

The Committee approved the proposal for the inclusion of a “spotlight” session at each meeting to enable staff to highlight a particular area of work. This would be added to the business planning schedule.

In response to a question from the Committee, the Chair confirmed that the terms of reference would be incorporated into the Code of Corporate Governance.

3.2 Risk Management

The Director of Finance and Corporate Services referred to the risk reports issued in advance of the meeting and asked the Committee to review the high
and very high operational risks within its remit in order to gain assurance that risk management was effective and to identify whether or not further action was necessary. The Director noted that there were currently no corporate risks within the remit of the Committee and confirmed that a full risk report, detailing all risks within the remit of the Committee, would be submitted to the September meeting.

The Director of Improvement Support and ihub referred the Committee to the risks associated with the high level of vacancies, currently 31%. These had arisen due to a number of factors including bringing together three programmes of work, the transfer of vacant posts from JIT and QuEST, and procurement guidance requiring work previously delivered by some JIT Associates to become directly employed roles. Alongside this there were also posts attached to new programmes of work arising out of the £2.5m additional allocation last financial year and new programmes commissioned from Scottish Government for 16/17 such as the Mental Health Access Support Team. The Director referred the Committee to the overall projected vacancy level set out in the ihub update paper and advised that recruitment was ongoing such that a number of appointments had been made and it was expected that vacancy numbers would soon decrease.

The Director of Improvement Support and ihub also advised that the vacancy situation had created pressure on work programmes, both as a result of the vacant posts but also due to managers having to spend considerable amounts of time working on recruitment. Taking all factors into account, it was estimated that the service was operating at approx 50% of budgeted capacity. It was anticipated that a fully operational status would be achieved by October 2016.

The Committee noted that a higher level of productivity had been achieved than that indicated by the vacancy level as result of the additional hours being worked by senior staff and extended thanks to staff. The Committee requested that the situation was closely monitored.

The Committee expressed concerns about the impact of the vacancy level on the delivery of work programmes and the possible reputational impact for the Improvement Hub, HIS and the integration programme.

*Mairi Macpherson joined the meeting.*

The Director of Improvement Support highlighted the following points:

- a) Partnerships had been kept informed about impacts on delivery of work programmes and by September the vacancy rate was projected to be 6%.
- b) A significant number of programmes were in place. Some were being delivered at a slower pace and where programmes were on hold, partnerships could access tailored support. There were also a number of new programmes in place not previously available.
- c) There were now 19 individuals on the associate framework which was up and running in the middle of May and options for using some of these individuals to supplement staffing were being urgently considered. However, procurement legislation required that they could not undertake ongoing work unless they were employees.
- d) A Head of Strategic Commissioning post had been created and interviews were taking place on 24 June.
- e) Recruitment was being prioritised across the Directorate to ensure that the capacity issues were as short lived as possible.
Mairi Macpherson asked what percentage of Improvement Advisor appointments had come from health boards and IJBs, given the risk previously noted around removing capacity for improvement from local systems. The Director of Improvement Support agreed to circulate an analysis of this once the current round of recruitment was completed. In addition it was noted that this risk is partially mitigated by the fact that HIS is funding 56 places per year on Scottish Improvement Leaders course which is significantly increasing the skills in the system to do quality improvement work. However, Committee members were encouraged to feedback any information about the impact on other organisations.

The Committee noted that the risks discussed would be considered also at the Audit and Risk Committee’s next meeting on 22 June.

3.3 Financial Update

The Director of Finance and Corporate Services referred the Committee to the paper issued in advance of the meeting and highlighted the following key points:

a) The previous meeting had agreed the work programme and budget for 2016/17 which demonstrated a £300,000 overspend against the budget allocated. This deficit would be managed within the overall HIS budget to avoid reducing the ihub work programme.

b) The allocation of £1.2m to Boards would be issued in full in 2016/17.

Committee members discussed what information should be included in future finance reports and noted that a balance of activity and a shift of investment across all integration partners was critical. It was also noted that it was important to demonstrate what person-centred outcomes were being delivered as a result of the funding and what benefits integration had brought. It would also be desirable to be able to identify where more resource might be required.

In response to discussions, the following points were clarified:

c) There would be high level financial monitoring this year of spend against improvement outcomes but a more focussed and rigorous process next year, as part of a HIS wide approach.

d) Work was in place to develop impact measurement across the ihub programmes of work.

The Committee noted the paper and agreed that a draft finance report would be submitted to the September meeting setting out in-year figures whilst a broader picture of the total resource and its impact would be developed.

4. COMMITTEE BUSINESS

4.1 Improvement Framework

The Committee received a paper which outlined a framework setting out the methods that the Improvement Hub would use to support health and social care organisations.
The Director of Improvement Support and ihub highlighted the following points:

a) The Laying the Foundations report had recommended the framework was produced to identify a range of process and methods to deliver improvement support that built on the strengths of JIT, HIS and QuEST.

b) The framework was primarily an internal resource for use by staff to provide a common framework that brought together the strengths of the existing organisations and to assist training needs analysis.

c) It was not intended to set out processes for large scale transformational change or detail the breadth of activity but rather to set out the breadth of approach.

d) The diagram on page 5 had been welcomed by partnerships and Boards, and demonstrated that improvement depended on both good system design alongside suitable skills and effective relationships for those delivering services.

The Committee thanked the Director of Improvement Support and ihub for the paper which provided a helpful and broad definition of improvement. It was noted that the use of the word “systems” needed to reflect an approach that was inclusive of the third sector, communities and individuals and this needed to be clearly called out.

*Claire Sweeney joined the meeting.*

The Committee asked about the timing of the paper and if it would be used externally. The Director of Improvement Support and ihub confirmed that the paper was developed to address key issues that came out of the work to design the new ihub. It was developed earlier this year, but had been deferred from the March meeting due to lack of time at this meeting to consider. Its primary purpose was to provide an internal framework to assist staff from the three different improvement organisations to work together effectively and ensure the ihub met the commitment to ensure that the new offering drew on the strengths of all three existing organisations. The paper was also shared with other organisations who want to understand our approach to supporting improvement. It had not been developed as a public facing document. The ihub brochure serves this function and had been shared with external partners and would be shared with Committee members.

The Committee noted the paper.

### 4.2 Development of 2017/18 Workplan

The Director of Improvement Support and ihub referred to the paper issued in advance of the meeting and noted the following key points:

a) The Committee had previously agreed that 2016/17 was a transitional year in light of the pace and scale of change.

b) The Committee had previously highlighted the need for the workplan for 2017/18 to see a shift so that there was a greater emphasis on systems enablers and on tailored support.

c) As per the request at the January Committee meeting, work had been completed to map the existing workplan against the 2016/17 strategic priorities and this analysis was contained within the paper, on which the Committee was asked to comment.
d) The remainder of the paper outlined a process for developing the 2017/18 workplan taking into account the challenges of the pace of change and the need to manage structured approaches alongside emergent needs.

In response to a number of questions from the Committee, the following points were clarified:

e) Each senior member of the ihub management team would be a relationship manager for approximately six health and social care partnerships. There would be the offer of a formal meeting annually and there would be additional contact between those meetings as required by the partnership.

f) Formal engagement with third sector organisations and the public voice would be incorporated into the workplan development.

g) Information would be sought from Scottish Government to confirm if people with “lived experience” were in place on every health and social care partnership.

The Committee approved the paper with the amendments noted above.

*Mairi Macpherson left the meeting.*

### 4.3 Improvement Hub Update

The Committee was referred to the paper that provided an update on the Improvement Hub. The Director of Improvement Support and ihub provided the following additional points:

a) Joint working and the arrangements to support this had been taken forward with the Improvement Service and the Care Inspectorate, and an update noted within the paper.

b) A short life working group had been set up by the Scottish Government and National Services Scotland to bring together national organisations with the aim of better co-ordinating the offerings to health and social care partnerships. HIS had facilitated work to draw out key themes and create a map of existing offerings from the national organisations against these themes. The outputs of the mapping exercise were being presented to the Integration Chief Officers group in June to discuss whether the supports were focusing on their key priorities. Key messages from this process would feed into the ihub workplan for 2017/18.

c) The Improvement Associate model was now operational and thanks were extended to staff for delivering it in a tight timescale. One of the concerns expressed about the process was whether it would give preference to those with an improvement science background. It was noted that a number of the most highly scoring candidates did not have such a background.

d) An Allied Health Professional improvement programme was being set up by Scottish Government and discussions were ongoing about how to ensure effective interfaces with the ihub offerings and, in particular, Living Well in Communities. One option being explored was for the programme to be managed by the ihub longer term.

e) The Improvement Fund was not yet operational due to key posts being vacant but it was anticipated it would be operational with staff in place by
late summer.

f) The work programme was neither top-down nor bottom-up but was a mixture of various approaches that met the needs of the system.

g) It was anticipated that the risk level related to the number of vacancies would reduce significantly by August. A number of appointments had already been made.

h) The Strategic Commissioning unit head was expected to be in post in September or October as interviews were being held on 24 June 2016.

Paula McLeay highlighted concerns about the number of new programmes and whether this was detracting time/resources from other priorities. The Director of Improvement Support and ihub highlighted that all the new programmes came with additional funding and demonstrated a fit with the current strategic priorities. However, it was noted that the initial design work was not funded and this meant that core senior management time was being taken up in developing proposals.

Paula McLeay highlighted the way that these resources and priorities were being identified and agreed potentially undermined the capacity of the committee to discharge its governance role of oversight, leadership and coordination of the improvement activities appropriately, and potentially also undermined the scope and flexibility within the cumulative improvement resources to effect responsive change driven from the bottom up.

Lucy McTernan highlighted the need to ensure that, going forward, the Committee had a clear line of sight on the resources attached to each programme of work to enable it to have meaningful discussions around the level of investment in different areas of work and the potential to shift resources accordingly into the future.

The Committee noted these points for future consideration and thanked the Director for the update report.

4.4 Committee Development Update

The Chair provided feedback from the development session webex attended by three Committee members and reminded the Committee that the session was available for review online. A further development session was planned for the September meeting.

_Paula McLeay left the meeting._

The Chair asked that the following actions be followed up to assist Committee development:

a) Completion of the member profiles with a deadline set for reply and those received circulated after the deadline.

b) Suggestions to be provided of alternative locations for meetings.

5. STANDING BUSINESS

5.1 Board 3 Key Points

The three key points would be completed after meeting.
5.2 Feedback Session
The Committee Chair suggested that more formal feedback about the suitability of the meeting agenda items and papers would be gathered through use of the survey issued to the HIS Board.

6. ANY OTHER BUSINESS
There were no items of other business.

7. DATE OF NEXT MEETING

The next meeting of the Improvement Hub Committee will be held on 29 September 2016 in Meeting Room 6A/B, Delta House, Glasgow. The meeting would be timed from 10.00 to 16.00 to incorporate a development session.